



## Leicester's lesson in leadership

S. Alexander Haslam and Stephen D. Reicher suggest a leader is not 'the special one', but 'the one who makes us special'



The British  
Psychological Society  
Promoting excellence in psychology

letters 412  
news 422  
careers 472  
looking back 486

guide to... leadership pull-out  
absent fathers and sexual strategies 436  
beyond individual therapy 440  
brain injury and crime 452

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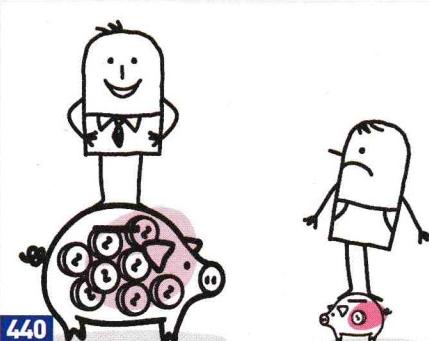
Street artist Richard Wilson  
paints a mural in Leicester  
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# the psychologist...

## ...features



### Leicester's lesson in leadership

S. Alexander Haslam and Stephen D. Reicher suggest a leader is not 'the special one', but 'the one who makes us special'

### Absent fathers and sexual strategies

436  
Sarah E. Hill, Randi P. Proffitt Leyva and Danielle J. DelPriore take an evolutionary approach and uncover some surprising findings

### Beyond individual therapy

440  
David Harper looks towards a psychosocial approach to public mental health

### Brain injury and crime

452  
Ryan Aguiar suggests that neuropsychology needs to think differently

### New voices: Dangerous deviation or creative responsiveness?

464  
Matt Selman on improvisation and therapy

## ...reports

books in mind; sexual violence at university; wellbeing issues facing psychological professionals; conspiracy in the pub; LSD study; and more 422

***The Psychologist*** is the monthly publication of The British Psychological Society. It provides a forum for communication, discussion and controversy among all members of the Society, and aims to fulfil the main object of the Royal Charter, 'to promote the advancement and diffusion of a knowledge of psychology pure and applied'.

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## ...debates

### letters

new Society President stirs debate; impact; faith and therapy; welfare fund; boarding school; obituaries; President's Letter; and more

412

## ...digests

deradicalisation, the 'mental abacus' technique, effective leadership, and more, in the latest from our free Research Digest (see [www.bps.org.uk/digest](http://www.bps.org.uk/digest))

430

## ...meets

### interview

Khadj Rouf interviews **Jemma Hogwood** about her work with survivors of the Rwandan genocide

458

### careers

we hear from **Cordelia Galgut**, on how cancer diagnosis and treatment has affected her work as a counselling psychologist; and **Caroline Limbert** discusses the first Society-accredited overseas Health Psychology MSc, and what the experience has done for her career and those of her graduates

472

### one on one

with **Victoria Simms**, University of Ulster

488

## ...reviews



*Opening Skinner's Box*; 'This is a Voice' at the Wellcome Collection; *Mars One*; *Elegy*; Love + Radio podcast; a film adaptation of the story of Stanley Milgram's obedience studies; and more

478

## ...looks back

### Air raids and the crowd – citizens at war

**Edgar Jones** explores how British people responded to air raids during the Second World War, and what this tells us about coping under extreme stress

486

### The Psychologist and Digest Editorial Advisory Committee

Catherine Loveday (Chair), Emma Beard, Phil Banyard, Olivia Craig, Helen Galliard, Harriet Gross, Rowena Hill, Stephen McGlynn, Peter Olusoga, Peter Wright

### ...more

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## the issue

As the 2015–2016 football season got under way, the football fans among us here at the Leicester-based British Psychological Society were not optimistic about our local club's chances. Having narrowly avoided relegation the owners had turned to Claudio Ranieri as manager, an appointment widely greeted as 'uninspired' and a 'huge punt'. The bookies duly installed them as a 5000–1 shot for the title.

Even if you hate football, you may be aware of what happened next. The story transcends the sport, and I can attest to a very special atmosphere in the ground and wider city this season. This month's cover feature considers Ranieri as an embodiment of the 'new psychology of leadership', which also informs the second of our pull-out guides (kindly sponsored by Goldsmiths Institute of Management Studies).

In other news, our Research Digest – which continues to lead the way in terms of a huge and international following on its blog – joins us with an app for iOS and Android. Download for free, and help us to spread the news.

**Dr Jon Sutton**  
Managing Editor [lpsychmag](http://lpsychmag)

**The Psychologist Guide to... Leadership**  
centre-page pull-out  
**Ella Rhodes** speaks to psychologists to elicit some evidence-based tips.  
Sponsored by Goldsmiths Institute of Management Studies.

# New Society President stirs debate

I'm new to the BPS and this is the first time I've responded to anything in any magazine ever; so forgive me if this is going against protocol. I just have a few questions to put to the new President, Peter Kinderman, having read his 'One on One' article in the May issue.

I gathered from the article that you believe that psychology should take a more active approach in influencing social issues and policy; but what would you consider going too far? While psychology has undoubtedly had many positive influences on society, it can't be denied that it also complicates many issues and has had very negative effects both on specific individuals and on wider society.

Psychology is the study of human nature, and human nature is always subjective. Who can say that what is popularly believed now will not change in a 10 years' time; and if psychologists play a large part in enforcing a way of thinking that is no longer valid (or perceived as valid) further down the line, would psychology then be doing more harm than good? You said in your article that our thinking is constrained by our culture, our upbringing and our learning, in which case, how do you believe we as psychologists should arrive at a moral standing to fight for? The ideals of the West don't often coincide with the ideals of the East; do you believe we should push our principles and ways of thinking on those that don't share them, or do you think we should accept that there are cultural

differences that shouldn't be played with? If so, where do we draw the line?

When I mentioned that psychology has had negative effects on people, I was thinking of instances when psychology is brought into criminal proceedings; where advocates for the prosecution and the defence each present psychological research to achieve their own goals. Often this research is twisted or exaggerated, and sometimes (when examined from a commonsense standpoint) it has no bearing on the issue at all. How much influence do you believe psychology should have when people's lives lie in the balance?

Are you concerned that by bringing psychology into a position where it can have real influence over people on a wide scale, that psychology will experience the same change that the Catholic Church had on medieval England? An institution which originally had its own interests and doctrines quickly grew in power and influence and held sway over many people's lives; resulting in grievous instances of corruption and hypocrisy that had profound effects on the ways people thought and behaved.

Aurora Dunn  
Luton

The 'One on one' piece of Professor Peter Kinderman, President of the British Psychological Society (May 2016) brought psychology into disrepute by his reference to Margaret Thatcher, and the man

## Helping the BPS punch its weight

Ella Rhodes asks if psychology is truly having impact ('Are we punching our weight?', May 2016). On one level, and as articulated in my Presidential Address at the Society's Annual Conference, and before handing the reins over to Peter Kinderman, we are, and on several levels. Through our research, through teaching and education, through our conferences, through public

engagement, through awards, through the media and on practice, policy and politics and social justice.

But we psychologists are, as a clan, incredibly reticent at speaking out for and on behalf of psychology, our profession and our Society. And we could do a lot more. That was the major fact that propelled me into standing for the presidency.

So, as someone who benefited from the excellent media training that the BPS used to run in the past, I'd like to make just one simple but practical suggestion.

All postgraduate training courses in psychology should contain, as parts of their core syllabus, practical media training (writing for a variety of media and interview skills for radio, television and film)

and, importantly, training on policy. Because the greatest impact that we need to have is on our future.

We owe it to psychology, we owe it to our Society, and we owe it to ourselves.  
**Jamie Hacker Hughes**  
BPS Vice President

I'd like to thank all the contributors to 'Are we punching our weight?' for

## THE PSYCHOLOGIST NEEDS YOU!

### Letters

These pages are central to *The Psychologist's* role as a forum for communication, discussion and controversy among all members of the Society, and we welcome your contributions. Send e-mails marked 'Letter for publication' to [psychologist@bps.org.uk](mailto:psychologist@bps.org.uk); or write to the Leicester office.



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must be sanctioned by the BPS and if possible within the rules, impeached.

Many people share the views he expressed, and are entitled to their views, and many do not, and they are entitled to their views as well. However, these remarks have nothing whatsoever to do with psychology but put a name on the creep that has been happening for many years in our profession, and of all professions this should not be happening within psychology: the silencing by intimidation of all those that do not share the views of this opinionated elite.

The Division of Educational and Child Psychology Annual Conference in January 2016 was a case in point, where Professor Kinderman was a key speaker and was eulogised in such positive terms during his introduction that one would have thought that we were all about to be enlightened. Professor Kinderman went on to tell us that diagnosed mental illness does not exist and is solely a 'social disease'. This view is extreme in the extreme, and if we aim to influence the government of the value of psychology to society, this will have shot psychology in our collective feet.

The point is that the opinion as stated left no room for doubt: Does he live and work in the real world? Worse is the sheer and unadulterated discrimination of such views against adults and children with neurological and neuropsychological

their insights, which have helped me write my to-do list as the new Director of Policy and Communications at the BPS.

The Society has a hugely important role in shaping public policy and we already have the expertise and the evidence from across the discipline to do so. To increase our impact we must engage effectively with policy makers and influencers, as well as with the media. That means thinking more strategically about the audience for our policy work. Sometimes our audience are experts with a vast knowledge of psychology, sometimes it's a minister who has a responsibility to understand complex issues, but it's just as likely to be time-pressed civil or public servants or a member of the public who is

motivated to learn more in order to campaign for change.

The onus is on us to make our argument clear and coherent and to provide policy advice that is easy to understand and easy to act upon. Anyone reading a BPS briefing paper should finish the document

knowing exactly what we want them to do next and how to go about it. If we can communicate effectively as one authoritative voice, others will repeat and amplify our message so that policy makers hear it multiple times – in the media, from colleagues and advisers, from constituents – so it cannot be ignored. That is how we guarantee our place at the table.

**Kathryn Scott**  
BPS Director of Policy and Communications



conditions and their parents who are 'blamed' by such views. If I have got this wrong and the message was that it is the political system that is solely to blame, then Peter Kinderman is in the wrong profession and is pushing wholly sociological views.

I am inclined to say that with Professor Kinderman and his ilk 'in power' at the BPS, the lunatics have taken over the asylum, but in Professor Kinderman's view lunatics do not exist, of course, so there would seem to be a method in his madness!

This, however, is far from a laughing matter, and it is all our professional lives at stake and if Professor Kinderman and others like him represent the opinion-makers and trainers for our profession at large, psychology is doomed to be in a backwater of society for a very long time.

I hope that others within the BPS will support my call for Professor Kinderman to be sanctioned by the BPS, for him to take the honourable course of action and step down as President, or otherwise for him to face a vote of confidence of all members.

**Mike Davies**  
London SE16

As I read Professor Kinderman's 'One on one' article in May's issue, I was hugely struck by his response to 'One thing that you would change about psychology', to which he replied 'the concept of abnormal psychology'. I could not agree more with this sentiment. The term itself does not fit with the way we now think about psychological and neurodevelopmental conditions. Let's take autism as a case and point – there is currently a great shift in thinking about autism to the concept of neurodiversity (just read Steve Silberman's excellent *Neurotribes* (2015) as an example of the powers of neurodiversity).

Neurodiversity encapsulates the diverse ways in which different people think. People who think differently are not abnormal. Indeed, people who think differently may need additional support, but we should certainly not be teaching generations of psychologists that those in need are abnormal.

Evidence suggests that there is a high prevalence of mental health problems in student populations (Bewick et al., 2010; Keyes et al., 2012). Can we really stand in front of our students and tell them that they are abnormal if they have a mental health condition? Indeed – one in four people in England are estimated to have a mental health condition (HSCIC, 2009). Given this high prevalence, it is clearly not abnormal to have mental health difficulties. The BPS, who essentially set the curricula for psychology degrees, have a real opportunity here to rename and reshape 'abnormal psychology'. What about just 'clinical psychology' or even 'neurodiversity'?

**Dr Eilidh Cage CPsychol**  
Royal Holloway, University of London

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# Effects of boarding school

Nick Duffell's letter on therapeutic work with boarding school survivors ('Boarding school syndrome', April 2016) raises some interesting questions about psychology's focus. As he points out, inattention to the problems of the elite does a disservice not only to the individuals directly affected but also to society as a whole,

given that the privately educated are overrepresented in positions of power and influence. This seems particularly pertinent when the government is pursuing an austerity agenda suggestive of an underlying lack of empathy for the more vulnerable members of society.

I was also intrigued that Nick Duffell should cite

(a television adaptation of) a novel in support of his plea for more research in this area. I wonder how much of our commonsense psychology stems from fiction and whether this deepens or

distorts the knowledge base. Psychologists and writers have many areas of overlapping interest in exploring what it means to be human.

Anne Goodwin

<http://annegoodwin.weebly.com>

In the April edition of *The Psychologist* Nick Duffell's letter 'Boarding school syndrome' stated 'we urgently need more evidence-based research...we need your help to develop this field'. It is correct that little research has been conducted into the effects of boarding school. However, we would like to draw attention to a recent large-scale investigation into the effects of boarding school conducted by us (Martin et al., 2014). The study was funded by the Australian Research Council and the Australian Boarding Schools Association and was one of the largest ever conducted into boarding school.

We surveyed 5276 students from 12 schools in major cities and regional areas of Australia. A total of 28 per cent were boarders and 72 per cent were day students, all located in the same schools

catering to both boarding and day students. Ages ranged from 11 to 19 years. We assessed academic and personal wellbeing outcomes.

Academic wellbeing measures included achievement, motivation, engagement, buoyancy, and goal setting. Personal wellbeing measures included life satisfaction, mental health, sense of meaning and purpose, and relationships with peers, parents, and teachers.

We found significant differences between boarding and day students on eight out of 18 academic and personal wellbeing outcomes, after controlling for background characteristics such as socio-demographic, ability, personality, and school factors. Boarding students were significantly higher on adaptive motivation, academic buoyancy, growth goal setting, sense of meaning and purpose, life satisfaction, parent-child relationships, and extracurricular activity; (not surprisingly) they were also significantly lower in school absenteeism. Thus, our findings suggested there was general parity between boarding and day students. Further, where differences emerged, effects tended to favour boarders.

Notably, as part of our broader research programme, we also found that inclusion of students' background characteristics and pre-existing attributes was crucial to findings. Without accounting for pre-existing differences in boarding students' socio-demographics, ability, personality, etc., we did not find positive effects for boarding. Hence, in comparing the outcomes of boarding and day students, it is vital to account for background factors that are not a result

of the boarding experience itself.

We also point to recent efforts the sector has made to redress the adverse effects of boarding school on children's development witnessed over the years. In the United Kingdom, for example, there is now greater regulation and oversight of standards of care as articulated in the 2015 *Boarding Schools: National Minimum Standards* document. Similarly, in Australia, there are signs the sector is modernising, with greater attention to pastoral and academic care, better resources recognising the individual needs of students, articulation of the rights of boarders, training of staff, and greater family involvement.

Nick Duffell is right: this is a critical research area and we do need more research. Ours is but one study, conducted in Australia. Without question, there is further to go for the boarding sector and research will be vital to informing its direction and progress. Perhaps our findings signal the beginnings of more positive green shoots in the boarding sector. Time and research will tell.

Andrew J. Martin

University of New South Wales, Australia

Brad Papworth and Paul Ginns

University of Sydney, Australia

## Reference

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## NOTICEBOARD

Are you currently delivering psychological interventions in the NHS as a trainee or qualified: clinical psychologist, counselling psychologist, psychotherapist, family therapist, CBT therapist, HI therapist, counsellor, PWP, GMHW or assistant psychologist? If so, I would be very grateful if you could spare around 10–15 minutes of your time to complete a secure online survey as part of the study *Compassion, Burnout and Self-care in NHS Staff Delivering Psychological Interventions*:

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Lisa Jayne Walker

Trainee Clinical Psychologist, University of East London  
u1138201@uel.ac.uk

## Polite reviews – a duty

I was so heartened by James A. Grange's letter ('Time for insulting reviews to stop?', March 2015). I was astonished by the response from Felix Yong Peng Why ('Learning to cope with negative reviews', April 2016), suggesting that we should allow insults and that recipients need to learn to be more resilient.

As professional psychologists acting as reviewers for journals we have a duty to respond with politeness to those who submit their research to a journal. The purpose of the feedback which accompanies a rejection is to help the researcher to make corrections to the piece, with a view to a later submission, or to alter their research strategy to produce more

robust results for a new paper. We know from our basic psychology what helps people to learn. If a person is told what they did well and offered suggestions for how to change, then little else needs to be said. We also know the negative impact of being ridiculed or insulted for one's efforts.

Let us not perpetuate a cruel system that has already deterred bright young researchers from continuing in the hostile environment of academic life. We have the benefit of psychological knowledge and understanding – let us use it.

**Maggie Cormack**  
Clinical psychologist  
Exeter

## More male psychologists?

The dialogue started by Barrow et al.'s letter ('Does it matter if psychologists are unrepresentative', February 2016) answered by Bullen and Hacker Hughes ('Representativeness of psychologists – BPS response', April 2016) is a very important one. We would like to add to the discussion that the issue of the lack of male psychologists is much more urgent than simply 'equality of representation'. We would like you to think about how much representation in the psychology workforce should be proportionate to the specific needs of the job (Jarrett, 2011).

There are fewer male psychologists than female; obviously the gender representation in psychology is unbalanced, but beyond this is there also an actual need for more male psychologists? Well, men appear to need psychological help (men commit suicide at over three times the rate of women: ONS, 2015) yet seek help less than women do (Addis & Mahalik, 2003). If we care about mental health, then we need to ask questions like 'What can we do to improve help seeking in men?' and 'Would men be more likely to seek therapy if they could see a male psychologist?' Questions like this are why we have started the Male Psychology Network, and why we will be presenting, at our conference at UCL on 24 and 25 June, findings from research projects that address these very issues (see [www.malepsychology.org.uk](http://www.malepsychology.org.uk)). We welcome psychologists – regardless of gender – to join us in finding solutions to these largely unaddressed issues.

**John Barry**  
University College London

**Louise Liddon**  
Open University

**Roger Kingerlee**  
Norfolk and Suffolk NHS Foundation Trust

**Martin Seager**  
London Samaritans

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## PRESIDENT'S LETTER

In his private notebook for May 1937, the existential philosopher (and wartime anti-Nazi resistance leader) Albert Camus wrote: 'Psychology is action, not thinking about oneself.' Is the point of psychology merely to observe, or to do something useful?

Our profession and discipline is based on our science, our professional practice and our values. We must articulate a vision for the Society that matches those principles. Our mission must be to improve the wellbeing of citizens, in the UK and internationally. At present this may be only an implicit aim of the British Psychological Society, but we should make it explicit. Just to take two examples, we must campaign for everybody who needs it to have access to the very highest quality psychological care and for all children to be protected from abuse and neglect. We need to turn our implicit aspirations into explicit demands.

We are uniquely placed to assist policy makers. But we need to be prepared to speak out. On 1 September 1967 Martin Luther King Jr. delivered a speech to the American Psychological Association entitled 'The role of the behavioral scientist in the civil rights movement' ([www.apa.org/monitor/features/king-challenge.aspx](http://www.apa.org/monitor/features/king-challenge.aspx)) in which he argued that psychologists had a duty to support the struggle for civil rights. His arguments are just as relevant today ([www.ncbi.nlm.nih.gov/pubmed/23788437](http://www.ncbi.nlm.nih.gov/pubmed/23788437)). We have a duty to speak out about the psychological mechanisms implicated in some of our major social problems: inequality, injustice, abuse, war, terrorism and climate change. And we need to offer practical solutions.

The charitable objects of the British Psychological Society are: 'to promote the advancement and diffusion of a knowledge of psychology pure and applied'. Members of the Society are experts in things that really matter to people: relationships, education and learning, mental health, health, politics, sport, crime, work, how organisations function, prejudice and intercultural understanding, and more. Psychology is not only a rigorous academic discipline but also a thriving, values-based profession, able to offer both leadership and practical solutions.

I feel extremely privileged that you have elected me as your new President. Succeeding Jamie Hacker Hughes as President of the British Psychological Society will be both a challenge and an honour. Jamie has done a fantastic job, and I've inherited a Society in good shape. We have more members than ever and we're continuing to have a significant influence on public policy. My role as President is to highlight and promote the work of all the members of the Society. So, to contact me with ideas, comments, contributions, or suggestions please e-mail

[presidentsoffice@bps.org.uk](mailto:presidentsoffice@bps.org.uk) or find me on Twitter as @peterkinderman. I will regularly keep in touch with all members and shall be writing a weekly blog on the website.



**Peter Kinderman** is President of the British Psychological Society. Contact him at [Presidentsoffice@bps.org.uk](mailto:Presidentsoffice@bps.org.uk) or follow on Twitter: @peterkinderman.

## Assisted suicide and mental disorders

I was alarmed to read an article in *JAMA Psychiatry* that examined the practice of euthanasia for psychiatric patients in the Netherlands (i.e. Kim et al., 2016). The article is commented on in an editorial by Applebaum titled 'Physician-assisted death for patients with mental disorders – reasons for concern'.

Applebaum states: '52% of the Dutch cases and 50% of the Belgian cases carried diagnoses of personality disorders, conditions often associated with strong reactivity to environmental and interpersonal stresses, raising questions about the stability of the expressed desires to die.' He continues to argue: 'For psychiatric patients, however, for whom

a desire to die is often part of the disorder and whose response to additional treatment is less certain, the competence of their decision and the intractability of their suffering are much more difficult to assess.'

These concerning practices – raised by an American journal – are happening here in Europe. What concerns me is that there seems to be little awareness or knowledge in Britain that this is happening in our region. People with mental health problems are a vulnerable population. I believe that this issue is too morally complex for one country to determine alone. I believe that the international mental health community – both service users and professionals –

need to raise more public awareness about this issue.

I strongly urge BPS members to read the *JAMA Psychiatry* articles so that they can form their own opinion on this very important matter.

**Chris Ludlow CPsychol  
London NW3**

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## BPS WELFARE FUND

**The Society's Welfare Fund was set up in 1993 with the aim of supporting psychologists who were experiencing hardship, whether or not they were members of the Society. After an uncertain start, in 2004 it was put on a firmer footing, making it possible to provide more realistic levels of help to be provided.**

**The Fund's Trustees review the context of each application to assess how a (limited) injection of cash might alleviate the immediate problem and so facilitate progress on a remedial path. A wide variety of people have been helped: many who have become disabled, needing help to acquire essential aids or services; many have been single parents, most of these being women; some have been in dispute with employers. These are all eligible for assistance from the fund, applications being considered by at least two of the seven Trustees. There are a few instances which do not fall within the Fund's remit, for example the Fund does not pay academic course fees, nor BPS subscriptions.**

**Reviewing events of 2013–15, six people in all have been helped, receiving an average of £820.**

**Anyone in need of help should apply to Russell Hobbs, Director of Finance at the BPS (Russell.Hobbs@bps.org.uk), giving as much detail as possible on the grounds of the application and of the sum(s) it is estimated are required.**

**Janet Carr  
Chair, BPS Welfare Fund**

## 'Corny tricks' as psychology

Matthew Wilkinson's letter ('The edge of ethics', April 2016) expressed ethical misgivings regarding a TV show by Derren Brown. Whilst I agree that there are ethical problems posed by Brown's work, they are not, in my opinion, posed by the manifest content of his shows so much as their misrepresentation of the topics addressed.

As a 'psychological illusionist' myself with 22 years experience performing stage hypnotism, and an erstwhile long-time acquaintance of Mr Brown, having current relationships with other magicians, I would advise that you take the impression given of what took place with a huge pinch of salt. Those of us in the profession can assure you that nothing Brown has ever done has entailed anything other than very old magic/mentalist tricks simply re-packaged to use 'psychology' as a misdirection. Whereas a Victorian mentalist might claim to be psychic to explain his apparent mind-reading skills, Brown attributes his effects to psychology; but the tricks are the same. I'd wager the magicians featured elsewhere in the April issue could point this out.

One of the oldest magicians' techniques entails provoking a participant's reaction to something they are shown in such a way that the audience believes they are reacting to something else. In the instance cited of participants' facial reactions, we do not in reality know what those reactions were to. Very easy on TV, in which even their verbal responses may be in reaction to questions other than

those presented to the viewer. We do not know whether Brown's participants in fact really believed they had committed the act or whether their reaction was to this or something else presented to them.

The whole thing smacks of 19th-century stage hypnotist stunts in which various 'subjects' were induced to supposedly commit murderous acts using harmless stage props. Or indeed, Jack Watkins's supposedly inducing U.S army personnel to (harmlessly) 'attack' superior officers, divulge phoney 'secrets' or attempt to handle rattlesnakes unaware of a protective screen of 'invisible glass'. Clearly, as has long been pointed out in relation to such 'experiments' conducted by Watkins and others, the mere fact that the set up has been sanctioned tells the participant that what they are being supposedly induced to do cannot in fact contain real hazard. The presence of safety measures, even if concealed, are implicit in the fact the scenario can legally exist.

Whilst Brown has attempted to redeem himself by 'de-bunking' psychics, in truth the real ethical problem with his work is that his use of corny tricks passed off as 'psychology' lends credence to some of the most egregiously spurious nonsense of our age, such as his one-time pretence that they utilised the 'power' of NLP.

As a performer I do not insult my audience by assuming them to be gullible dupes. James Randi observes that scientists are the most easily duped. I advise developing a degree of scepticism.  
**Alex Amies MBPsS, BSc, CSocSci  
Bristol**

## obituary

## Professor Patrick O'Donnell (1947–2016)

A former Glasgow University student once said of Professor O'Donnell, 'Paddy is a living legend at Glasgow University – in first year, even before your first lecture you hear of him from older students and he sure does not disappoint.'

We are saddened to report the passing of a legend. Paddy died peacefully, at home, after an illness bravely borne, in the presence of his family. Paddy was the beloved husband of Mary and loving father of Ruth.

Paddy retired in November 2015 after 46 years as an academic in psychology at the University of Glasgow. Through his personal teaching and scholarship, he provided the highest-quality learning experience for undergraduate and postgraduate students. He taught across all levels of the curriculum and, without interruption, presented the introductory lectures in psychology to Level 1 students for 45 years. The cumulative audience for his lectures stands at over 25,000 students. His lectures have been heard by mothers and fathers, their sons and daughters, and at least one grandchild.

Professor O'Donnell's reputation extended into the media – in the local media, where his teaching popularity attracted the headline 'Paddy Packs Them In'; in the national press, where he was a regular consultant for his expert views; and in social media, where students created a Facebook page called 'The Legend that is Paddy O'Donnell'.

Professor O'Donnell was highly respected and popular as a teacher. He was also an enthusiastic PhD supervisor, successfully graduating over a dozen students who have taken on academic or professional careers in the discipline. In 2011, for a career distinguished by significant and sustained commitment to excellence, he received a teaching excellence award.

Professor O'Donnell was appointed as an assistant lecturer in 1969 and became a lecturer shortly thereafter. He was recognised as a gifted teacher and administrator and was appointed as Dean of Social Sciences in 1983 and was promoted to senior lecturer in 1987. He then took on the role of Head of Department in psychology for 11 years. He continued as Deputy Head of Department and Director of Teaching and, subsequently, Deputy Head of School until his retirement. He was promoted to Professor of Teaching, Learning and Assessment in 2006. Over the years, he served on many faculty and college committees, including college management, he chaired the working party on

equal opportunities, and was an elected member of Senate.

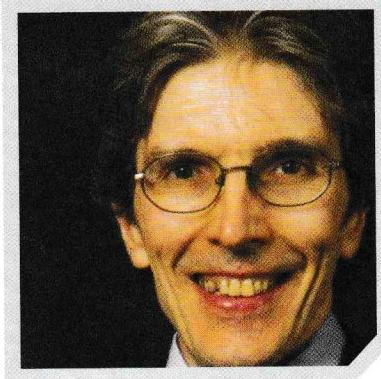
He was well-known for his perspicacity, sharp wit, and humour. The energy and dedication it took to contribute to the university in this way for such a sustained period cannot be overstated and his contribution, always made with insight and humour, was effective and inclusive.

Professor O'Donnell's research included work on computer interfaces, where he established important industrial links with NCR, IBM and Honeywell. He also maintained an interest in addiction research, therapeutic treatments, and decision making in accounting. Most recently, his career gained an international reputation with more than 15 high-impact publications elucidating the immediate temporal dynamics and neural underpinnings of how we process the written word.

Professor O'Donnell's contribution to the University of Glasgow – academically, administratively, and pedagogically – has been truly immense. Over the decades, his vision and tireless efforts forged the foundation of the national and international recognition and success that psychology at the University of Glasgow enjoys today. In this spirit, and to inspire all of us to rise to his high standards, The school will offer from next academic year an annually funded O'Donnell Learning and Teaching Award to recognise and encourage staff activity in the areas of teaching, learning and assessment. He will be sorely missed.

Professor Muffy Calder, Vice-Principal and Head of College, Science and Engineering said: 'Paddy was a wonderful academic colleague. He was a great communicator who cared deeply about students and how we teach them; he made a huge impact on students and staff alike. Any meeting with Paddy was a good one – he brought insight, clarity of thought, and a good dose of irreverence. In any discussion, I always looked forward to a pithy remark from Paddy, reminding us what really mattered. We will all miss him dreadfully, he was remarkable.'

**Professor Stephany Biello**  
University of Glasgow



## obituary

## Dr Adrian Bakes (1950–2016)

Friends and colleagues remember Adrian Bakes, PhD and Chartered Psychologist specialising in learning disabilities, who died unexpectedly of a heart attack on Friday 25 March 2016.

Adrian was a scientist in the true sense of being fascinated by natural processes and engaging in systematic experimentation, alongside deep problem-solving and reflection to understand them better. This was the focus of his PhD on the biochemistry of various neurophysiological processes ('On the behavioural estimation of the refractory periods of the neurons directly excited in electrical self-stimulation of the



septum in rats') undertaken at Manchester University, Department of Psychology, awarded in 1992, after a joint psychology/psychopharmacology degree also taken there. Yet he was also very definitely a humanist in his approach to life, ranging from his love of poetry, literature and music to walking in the hills, and in his keen appreciation of individual distinctive qualities and attributes that made him both a wonderful friend and a gifted clinical practitioner working with

people with learning disabilities. Ever eager to read, to learn, to know more, he was a multilingual polymath whose generosity, acute interest in people and passion for life brought pleasure, understanding and support to many.

After completing his PhD (supervised by Don O'Boyle), Adrian trained as a clinical psychologist on the Manchester course and became enthused with the importance of working with people with disabilities and supporting their struggle to be heard and to assert themselves. He went on to work with people with learning disabilities in Greater Manchester and, in the latter years of his career, in the services in Glasgow. His enthusiasm and dedication remained undiminished and his influence could be felt in the development of services offering systemic interventions to people with learning disabilities and their families. He also successfully advocated for the development of practices and policies recognising the rights of people with learning disabilities to better understand and express own choices regarding their sexuality.

Compassionate and thoughtful, Adrian was generous with

his time and his willingness to support and help develop the practice of others; Adrian's influence as a supervisor and teacher remains important to the development of many trainees and staff who worked alongside him.

In latter years Adrian rediscovered his fascination with neuropsychology, studying the processes underlying autistic spectrum diagnoses. His dedication to his work remains an inspiration to the many trainees and colleagues he supervised, taught and worked alongside.

He is deeply mourned by his life partner Jack Jackson, his sister Tish and brother Oskar, and his many friends and colleagues.

**Professor Erica Burman HonFBPsS**

*University of Manchester*

**Professor Ian Parker FBPsS**

*University of Leicester*

**Dr Adrian Ierna**

*Glasgow Learning Disabilities Service/Learning Disability Forensic Service*

## obituary

### Professor Kevin Connolly (1937–2015)

Professor Kevin Connolly, who has died aged 78, was Professor of Psychology at Sheffield University, a former President of the BPS and the recipient of the BPS Spearman Medal. Brilliant, warm-hearted and argumentative, Connolly had a wide range of interests and fostered a broad approach to the study of behaviour and its underlying causes in both his colleagues and his students.

Kevin joined Harry Kay's Department of Psychology at Sheffield University in 1965. While Head of Department, Kevin oversaw the construction of a new psychology building at the top of Western Bank in Sheffield, with a huge balcony overlooking the university playing fields. Complete with all the scientific mod cons – anechoic chamber, fly rooms, rodent facility and its own nursery – the building reflected the broad interests of the staff he led. Their expertise ranged from computational models of vision, through social and industrial psychology to communication in electric fish or human memory.

This range of interests reflected Kevin's own research, which combined a fascination with *Drosophila* behaviour genetics and research on child development. His work on *Drosophila* was truly pioneering. With a series of PhD students – many of them co-supervised with his friend and colleague, Dr Barrie Burnet – Kevin published 35 research papers on *Drosophila* behaviour, including articles in *Science* and *Nature*. These papers showed that even a simple fly could express complex behaviours that could be both precisely described and genetically dissected.

An important strand of Kevin's approach to child development was his focus on how poverty and disability affect social, cognitive and motor behaviours. In the late 1970s Kevin became interested in the way that iodine deficiency can affect behavioural development, as shown in a paper he published with Peter Pharaoh in *The Lancet* in 1979. He subsequently conducted several field trips with Pharaoh to Papua New Guinea, where the

diet of some indigenous people altered following the introduction of commercial iodine-free salt, leading to an outbreak of cretinism amongst the children.

During these field trips Kevin would record child behaviour and correlate infant development with iodine intake. The methods section of a paper he published with his colleague

Margaret Martlew in *Child Development* gives a flavour of the challenges involved and reveals Kevin's commitment to the children he was studying: 'When the material presented here was collected in 1982, all the villages (except one with an airstrip) could be reached only on foot and with difficulty. Journeys between villages took typically between half a day's and a whole day's hard walking over mountainous terrain.'

Given the difficulty of getting to the field sites, it is perhaps not surprising that on one of these field trips Kevin broke a leg – a particularly nasty open fracture – and after treatment with magic leaves by the local witch doctor, he had to be carried out of the jungle. He recovered in the UK without further treatment.

Partly as a result of Connolly and Pharaoh's research, the government instituted the addition of iodine to salt in order to reduce iodine deficiency in tribal regions. Working in a period before research had to have 'impact', Kevin's work most certainly did.

For leisure, Kevin enjoyed walking in the Peak District that was so close to his home, reading and buying books – he had a huge personal library, and particularly loved poetry – and viewing and buying paintings. His apparently endless appetite for knowledge was eventually dimmed by Parkinson's disease, and he died in December 2015. He is survived by his wife, Colette, and their three daughters.

**Professor Matthew Cobb**

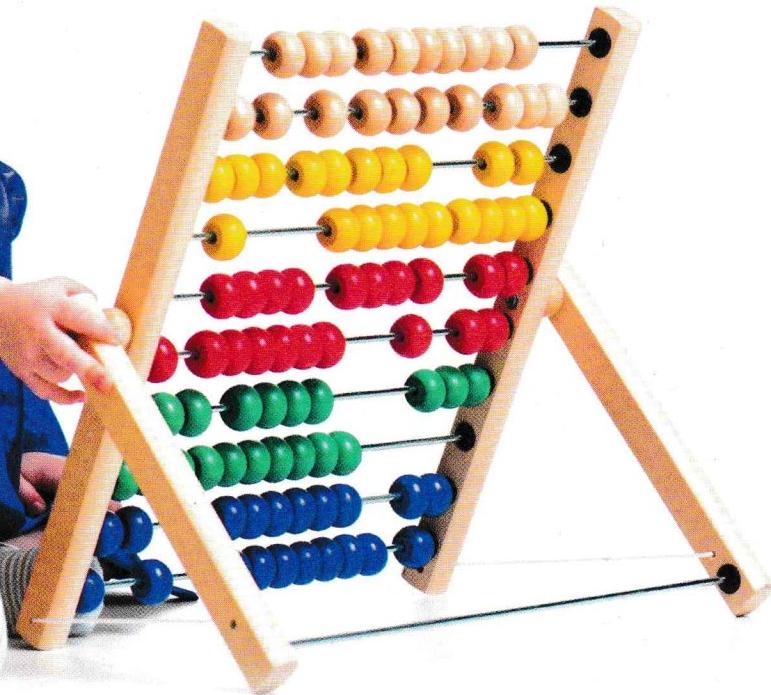
*Faculty of Life Sciences*

*University of Manchester*





# UCL



## Postgraduate Training in Paediatric Neuropsychology

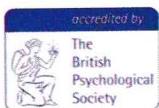
Places are still available on the professional training programme in paediatric neuropsychology starting in October 2016 delivered by University College London and Great Ormond Street Hospital for Children.

The Masters/PG Diploma in Applied Paediatric Neuropsychology is open to all professional psychologists and psychology graduates. The Masters/PG Diploma in Clinical Paediatric Neuropsychology is open to Clinical Psychologists and Educational Psychologists.

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*Programme Director: Professor Faraneh Vargha-Khadem*





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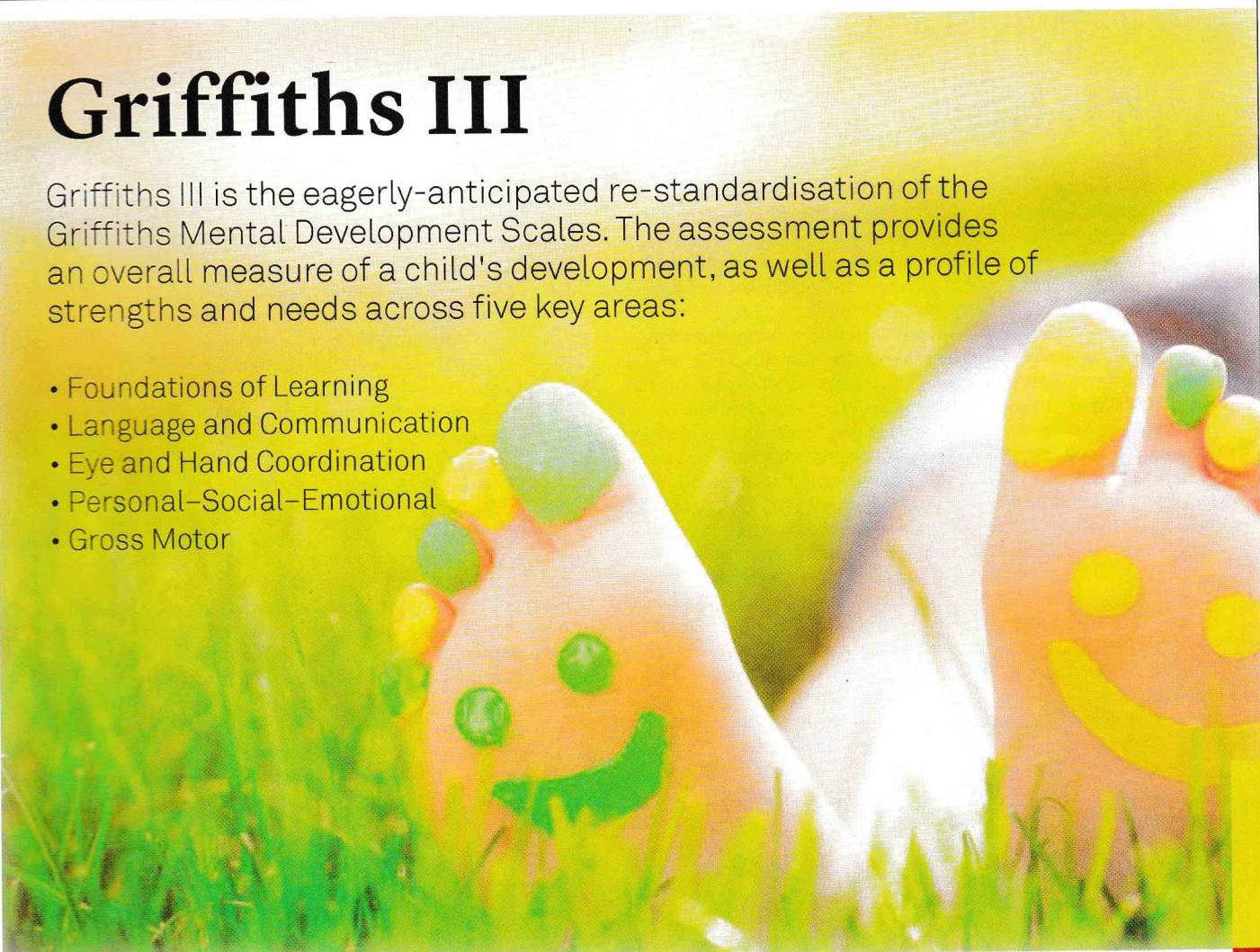


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# With books in mind

Professor Charles Fernyhough (Durham University) and neurologist Dr Suzanne O'Sullivan both made an appearance at London's Libreria in April to discuss their new books with BBC Click technology journalist Bill Thompson. Fernyhough began with a passage from his book, *The Voices Within*, which explores different experiences of heard-voices, from the regular conversations we hold with ourselves to the hallucinations experienced by people with mental health problems.

Thompson asked Fernyhough about his own research into hearing voices and people's internal speech, and about the challenges of doing research around an 'ineffable' topic. Over the past 20 years, Fernyhough explained, scientific methods had improved, making this topic more available to research. He explained the use of descriptive experience sampling (DES) in his participants – where people are trained to recall their experiences in great depth when a beep randomly sounds.

He explained his findings: 'In the old days if you were studying this you'd stick someone in a scanner and ask them to "do some inner speech" and look at their brain activation. In this case you get activation in Broca's area, which is involved in language production. So the standard view is inner speech is out-loud speech but without speaking aloud. But when we've trained people in DES we're gathering moments of experience

in the scanner. We looked at the activation that looked like inner speech and it looked different. When you ask people to do inner speech you have Broca area activation and barely any in Wernicke's area, but in our method we found it was the other way around. In an area associated with hearing we saw activation but not in speech areas. The implications are pretty massive for everything we do in neuroscience – if we think we can put people in the scanner and just say "have a memory, have some mental imagery" they'll do something, but it won't necessarily have anything to do with the thing we're interested in.'

Thompson then moved on to voice hearing experienced by people with a wide range of mental health problems and asked whether this was due to a person generating inner speech but without the realisation it was inner speech. Fernyhough said there was evidence to suggest that when people hear voices they're generating inner speech and while there's normally a mechanism that tells you what you're doing so you know the voice is internal, that mechanism doesn't work properly for some. He added: 'There is a possible link between inner speech and hearing voices – usually associated with schizophrenia. But it also happens in people from a number of other psychiatric categories – it's very significant in eating

## WELLCOME BOOK PRIZE

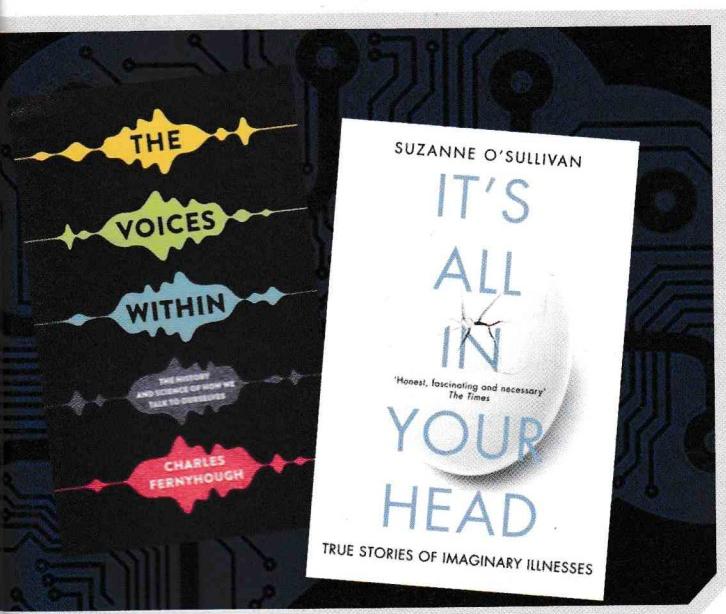
**Consultant neurologist Suzanne O'Sullivan (pictured, photo by Thomas Farnetti) has been awarded the Wellcome Book Prize 2016 for *It's All in Your Head*, her journey through the world of psychosomatic illness, published by Vintage.**

*It's All in Your Head* examines the debilitating illnesses that are medically unexplained. A third of people visiting their GP have symptoms that don't appear to have an obvious medical cause. Merging autobiography with absorbing case histories taken from her clinical experience, O'Sullivan's work spotlights an area of increased attention in medical science – the boundaries between what afflicts the body and the mind and how deeply related the one is to the other.

Announcing the winner, chair of judges Joan Bakewell, said: 'From a broad field of submissions, including an exceptionally strong shortlist, Suzanne O'Sullivan's *It's All in Your Head* was unanimously chosen as our winner of the Wellcome Book Prize 2016. It is a truly impressive book, chosen for its many virtues. Suzanne O'Sullivan is a consultant neurologist and her first-hand accounts of diagnosing her patients offer new insights into the relationship between the body and the mind. The fact that society divides them into two medical disciplines – the physical and the mental – is being increasingly challenged. O'Sullivan's book brings to light important examples of how the two interrelate.'

I Read more on this year's shortlist and the presence of psychological themes at [tinyurl.com/hbo78n3](http://tinyurl.com/hbo78n3); find more in our archive on 'medically unexplained symptoms' at [tinyurl.com/h5kvj6r](http://tinyurl.com/h5kvj6r).





disorders. It also happens to lots of people who aren't mentally ill, and they can find the voices guiding, constructive or sometimes banal.' Fernyhough said he was starting to explore the clinical implications of people's different voice-hearing experiences.

O'Sullivan's book *It's All in Your Head*, which recently won the Wellcome Book Prize (see opposite page), explores so-called psychosomatic illnesses, the severity of some of these conditions and the stigma surrounding patients with problems without a biological cause. She said in her first consultant neurologist post she looked after many people suffering from seizures, and in her first year 70 per cent of those admitted to hospital with seizures had no brain disease or injury. She explained: 'All their tests were normal, even during the seizures, even when they were unconscious and convulsing – there's only one time that can happen, when a seizure has a psychological or behavioural cause.'

She soon became very interested in physical symptoms with no organic cause, including people who were blind while every parameter of measurement said they could see, people in wheelchairs and those with memory loss – every type of condition you can imagine but with apparently healthy brains by the measures used. She added: 'It's difficult to look after people with these disabilities as they don't obey any of the laws of neurological disease – I would see people with profound paralysis of their legs, but in distracted moments you will turn around and see they've moved their legs. When you're not familiar with this type of disorder it leads to misunderstandings in which doctors and members of the public think there's nothing wrong with them. If people can take the journey I took through my book, they might come to the same understanding I did – that these are extremely distressing disorders and they get no attention when it comes to research resources.'

Thompson asked about the effects of psychosomatic illnesses on patients. 'Some patients are upset at the diagnosis and you can see why: if you had a colleague who was in a wheelchair and you thought it was because of MS but find out it's because of a psychological problem, if people are being honest with themselves they'd see that person differently, but if you're the person in the wheelchair your experience of the disability isn't equal. If you have a hysterical seizure, or epileptic seizure, you're having a seizure either way. One will get more respect, is more likely to be covered by insurance or personal independence payments. If someone changes your diagnosis it's difficult for practical reasons,' O'Sullivan said.

She added that over the decades these problems, previously known as 'hysterical' conditions, have waxed and waned in popularity depending on what they were called and how they were viewed. 'When Charcot thought hysteria was an organic illness it was OK in Paris to say you had hysteria, then it became a very popularly made diagnosis. Then the psychological paradigm came back and it was shameful again. Patients have gone in and out of the shadows based on how much we view their illness. All we do is change the name and no one's done much research on it,' she added. ER

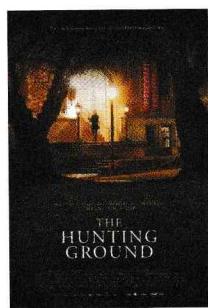
## Tackling sexual violence at university

Former Ministry of Justice Chief Psychologist Graham Towl (University of Durham) has become chair of an innovative Sexual Violence Taskforce at the university – the first of its kind in the UK. The issue of sexual violence against students has been garnering more public attention in recent years, and was shockingly highlighted by the US film *The Hunting Ground*, but these crimes remain underreported.

The group will provide representation from students and staff, including experts on sexual violence issues, and it is currently researching and reviewing university policy and practice in this area.

Information and support for those affected by sexual violence will also be provided and the taskforce is taking input from survivor groups, professionals working in the area such as the police and from rape crisis organisations.

Professor Towl, who is Pro Vice Chancellor for Student Experience at Durham, spoke to *The Psychologist* about the importance for such a group. He said as sexual violence was an underreported crime, universities had a civic duty to



address it. He added: 'At Durham University we have taken a proactive approach; we have invested in prevention work through educational sessions on consent and on bystander training, which gives those who witness sexual

misconduct, the confidence to intervene. We have worked with our external partners, such as the police and Rape Crisis. Additionally, we have strengthened the support available to those who report sexual assaults to us as a university, including disclosure

training for staff, and increased support from the local Rape Crisis team.'

He said increased reporting of these incidents would lead to better support for those affected, both educationally and psychologically. 'Reporting levels are also a salutary reminder of the need for us to address this all-too-frequently hidden problem affecting particularly, but not exclusively, young women in university communities. The empowerment of survivors is key to our approach,' he added. ER

**I** For more information, plus resources and support organisations, go to [tinyurl.com/hc3v7cb](http://tinyurl.com/hc3v7cb)

# 5 minutes with...

Emily Frith, Director of Mental Health for the independent think tank CentreForum

Emily Frith spoke to Ella Rhodes about CentreForum's first report on children and young people's mental health in England (see [www.centreforum.org/publications](http://www.centreforum.org/publications)). Their research has shown that services turn away, on average, 34 per cent of children and teenagers referred to them by their GPs, teachers or others. This population also wait, on average, 10 months between referral and the start of treatment. The north/south divide seen in much health care is actually reversed in this case, with a higher level of expenditure in the north compared to the south and east of the country. The report also explores government policy on children's mental health, such as the publication of *Future in Mind* – a transformation plan published in March 2015 along with a

pledge of £1.25bn of funding over the next five years.

**Were you surprised by the findings of your report?**  
The findings of our report confirm what we know anecdotally from the experience of many families and add to the evidence in previous reports such as the House of Commons Select Committee in 2014. So we were not surprised by the findings; nevertheless, our research brings clarity to an area which suffers from a lack of clear and consistent data.

**What's the impact on children, young people and their families on long waiting times and reduced access to services?**

There is very strong evidence that early intervention can have a significant impact on

the life chances of children and young people with mental health problems. High thresholds for access to care and long waiting times prevent this early help and mean that children's conditions often get worse so that they reach crisis point by the time they are able to get the support they need.

**Can you explain a little more about the future for CentreForum, what will you be looking into next?**  
CentreForum's Children and Young People's Mental Health Commission will now explore progress since the publication of *Future in Mind* and will seek to identify the key barriers to transforming services. Our final report will set out clear recommendations to the government and highlight areas of promising practice. After the Commission has



finished CentreForum will continue its programme of research into children and young people's mental health care.

**Do you expect the picture for CAMHS to improve over the next five years?**

Given the investment of £1.25bn over the next five years it is to be hoped that the picture will improve over that time. There are risks inherent in any major national transformation process, however, and CentreForum is seeking to identify the key barriers that could prevent progress being made, in order to help inform the process of transformation in the months and years ahead.

## History of psychology boost in US

An American university recently launched a Kickstarter campaign to raise funds for the establishment of a National Museum of Psychology. The University of Akron in Ohio is looking to raise \$250,000, which will cover the cost of developing and placing the museum into the Drs. Nicholas and Dorothy Cummings Center for the History of Psychology.

The Center for History of Psychology currently exhibits the home movies of Sigmund Freud, apparatus from many of the most famous psychological studies in American history, including the Stanford Prison Experiment, correspondence from celebrated psychologists and historical figures such as Albert Einstein, Houdini and Helen Keller and 50,000 books, some dating to the 16th century.



Helen Keller

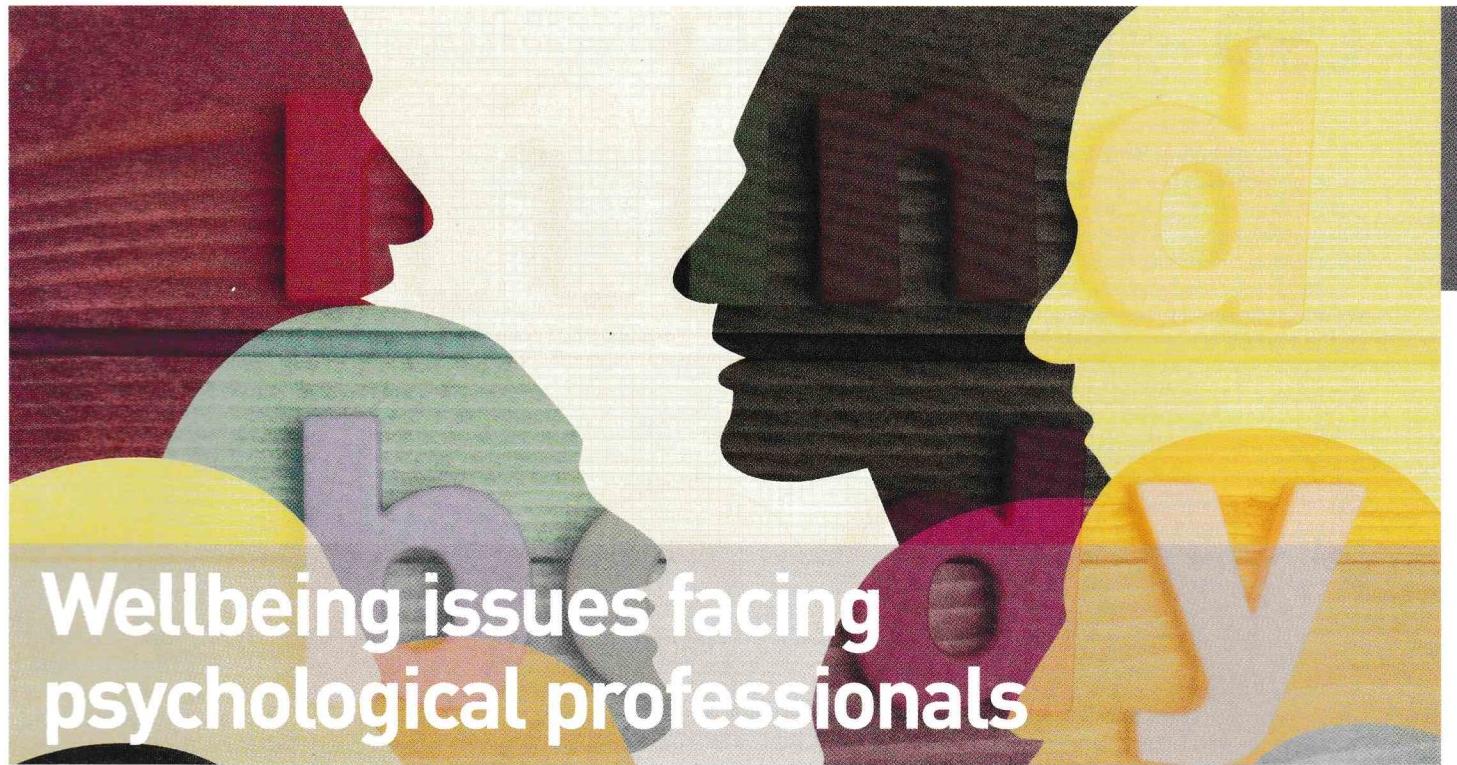
A spokesperson for the university said in a statement: 'The Cummings Center was founded in 1965 as the Archives of the History of American Psychology, and renamed in 2009 to recognize the generous support of Drs

Nicholas and Dorothy Cummings. Their monumental gift allowed for renovations of the space for the museum, a new reading room, and a library. We are dedicated to preserving, organizing, and documenting the historical record of psychology and making it available for research, scholarship, and interpretation. Through our holdings, we tell the story of our attempts to define and measure the human experience, a story that helps us gain perspective on who we are and why we do the things we do.'

We spoke to Peter Dillon-Hooper, manager of the British Psychological

Society's History of Psychology Centre, about whether such a project would be possible in the UK. He said: 'This is good news not just for historians of psychology but also for the entire project of scientific psychology – an opportunity to engage the public and policy-makers in stories of psychology and its impact and application in the modern world. Would that a similar project be possible in the UK, but the history of psychology enjoys greater academic prestige in the USA than it does here, and it needs that underpinning. I know that the Society's History & Philosophy of Psychology Section is keen to make progress on this, though they'd be the first to acknowledge that there's a long way to go. In the meantime the Society has collaborated on various projects with the Science Museum in London and we hope there will be more to come.' **ER**

**I** The Kickstarter campaign has now closed but had raised almost \$55,000 at the time of writing. For more information about the project see [tinyurl.com/jlmveuk](http://tinyurl.com/jlmveuk)



A charter has been launched to support the wellbeing and resilience of mental health professionals after a survey revealed rising levels of depression, stress, burnout and bullying in the field. The British Psychological Society and New Savoy Partnership research showed levels of depression rose from 40 per cent to 46 per cent from 2014 to 2015, while the number of respondents feeling like a failure rose from 42 per cent to almost 50 per cent.

The survey, of more than a thousand people who work in mental health and psychology, also found qualitative data to suggest that targets, stress and burnout were major concerns for many. It revealed one quarter of respondents considered themselves to have a long-term condition, and 70 per cent said they were finding their jobs stressful. Reported stress at work also went up by 12 per cent over the survey period, while incidents of bullying and harassment had more than doubled.

This led to the Psychological Professionals Wellbeing and Resilience Charter being launched at the New Savoy Conference in February 2016, with support from the BPS, NHS England, Mind, Rethink and other key organisations. The Charter states: 'We commit to promoting effective services through models of good staff wellbeing at work. We will do this by engaging in reflective and generative discussions with colleagues, other leaders, and frontline staff to co-create compassionate workplaces and sustainable services.'

Concerns have been raised that, while the Improving Access to Psychological Therapies programme has been important in making therapy more easily accessible, it may have an impact on the wellbeing of staff. Following a stakeholders' consultation event, the Society is aiming to establish a collaborative learning network to reset this balance.

Consultant Clinical Psychologist Dr Amra Rao and Jeremy Clarke, chair of the New Savoy Conference, spoke to BPS President Jamie Hacker Hughes and President Elect Professor Peter Kinderman (as they then were) for their views on the Charter, staff wellbeing and the formation of a collaborative network. (Their conversation is published with this news story

online at [tinyurl.com/jtd842z](http://tinyurl.com/jtd842z)). Professor Hacker Hughes explained how individual therapists could use the Charter: 'The Charter actually provides a new opportunity for people working in psychological therapy services to raise the issue of the stress involved in this sort of work, the consequence of this work and the effects on work-life balance, simply by referring to it in meetings and promoting it in the bottom-up way to their organisations, through the chains of leadership up to their Trusts or other employing organisations... to say that a Charter which refers to the work of psychological therapists now exists, that it is very important to us, are you aware of it, and have you signed up to it?'

Professor Hacker Hughes also said that the development of a network should not be limited to health professionals themselves: '[The network] will, of course, involve not only psychological therapists ourselves, the organisations which we work for, and the organisations that train and accredit us, but also policy makers. As the network progresses, there needs to be a development of a way of forming clear links with policy makers so that psychological wellbeing of staff is something that is always at the forefront of their minds when making policy that might affect staff working in psychological therapies services.'

Professor Peter Kinderman said he saw the Charter as central to the work of the NHS: 'Policy makers are increasingly seeing as a central aim the improvement of the quality of life and to do that we need to develop measures of what matters to people in terms of genuine factors that contribute to their wellbeing. I see the Charter as saying the same thing: this is something important that matters to us and it is from this – finding better ways of maintaining good staff psychological wellbeing – that everything to do with compassionate, effective services will follow.'

**I** For Dr Amra Rao and Jeremy Clarke in conversation with Society President Professor Peter Kinderman and Vice President Professor Jamie Hacker Hughes, see <http://thepsychologist.bps.org.uk/wellbeing-issues-facing-psychological-professionals>

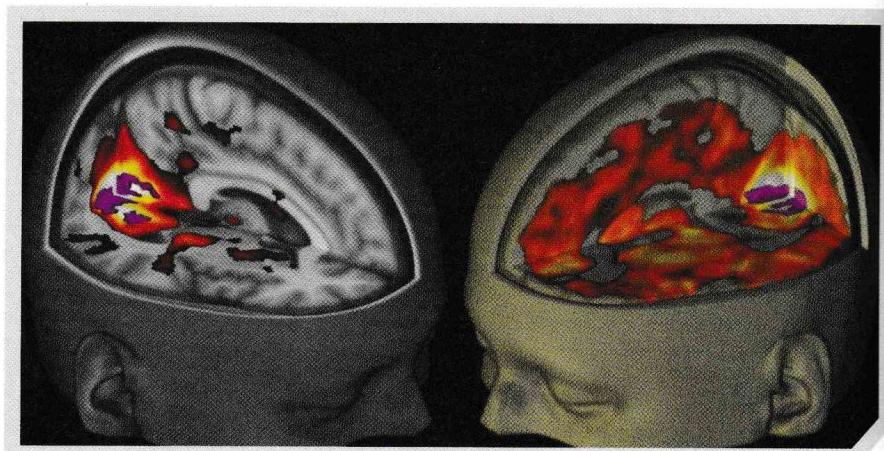
# LSD – ‘game-changing’ study?

The first fascinating images of the human brain on LSD have sparked hopes for its potential use therapeutically in the future. The work, supported by the Beckley Foundation, which looks into the effects of psychoactive substances, has shown reduced segregation between networks in the brain leading to apparently better communication and connectivity across the brain while under the influence of the drug.

The study, led by Dr Robin Carhart-Harris alongside Professor David Nutt, saw 20 participants being given LSD intravenously on one day and a placebo on a different day. All participants had previous experience with psychedelic drugs and were scanned using three methods: MRI, arterial spin labelling and magnetoencephalography.

Images from the study suggest a greater connectivity across the brain as well as evidence that the visual hallucinations produced by the drug involve not only the visual cortex but many other parts of the brain. This lack of ‘boundaries’ between brain networks that are usually highly segregated may suggest a mechanism behind the altered state of consciousness experienced by users and the ‘ego dissolution’, or loss of a sense of self, described by many.

Nutt and Carhart-Harris spoke to *The Psychologist* about the implications of their work and future directions of study. Nutt compared this discovery to that of the Higgs boson, explaining: ‘It’s like the boson discovery in several ways – both were identified as highly significant to their field in the 1960s, both have taken 50 years to come to fruition, and both have proved game-changing in their respective arenas. LSD results have fundamentally altered our understanding of the brain locations and mechanisms of the different states of consciousness seen



under psychedelics.’ He added that future studies will explore whether there can be long-lasting changes for the benefit of the participants, perhaps in personality or mood, and to look into potential uses in addiction treatment.

Carhart-Harris said one of the most interesting findings from this study were the changes seen in the visual system, even when the participants’ eyes were closed. He said: ‘It was amazing to see how much more of the brain was contributing to visual processing under LSD and how this effect correlated with complex eyes-closed imagery or visions.’ He added, however, that he was more hopeful about the potential therapeutic use of other psychedelic compounds than LSD: ‘We’ve recently completed a clinical trial looking at psilocybin [the active compound in magic mushrooms] in depression, and others have done trials in anxiety and addiction, and the results of all of these look very promising.’

Carhart-Harris made comparisons between the images of the brains seen in this study to those of babies, adding: ‘As we develop from infancy into adulthood,

our brains become more sophisticated and finessed but they also become more constrained. The brain becomes more flexible in the psychedelic state and shows resemblances to the flexible brains of infants. There are also a lot of overlaps in terms of the psychology of these states. You just need to think of things like emotional lability, magical or animistic thinking, over-active imaginations and the like. *Teletubbies*, *In the Night Garden* and *The Magic Roundabout* are all very “trippy” but also very successful TV programmes for young children – a coincidence?’

When asked whether similar brain activation was seen with other drugs, Carhart-Harris again pointed to psilocybin and ayahuasca, an Amazonian brew, which appear to have very similar effects on brain activity. He added: ‘All of these compounds share a key pharmacological action, agonism of serotonin 2A receptors. We have a theory that these receptors are crucial for brain development, learning and adaptability – functions which psychedelics may “hijack” to an extent.’ ER

## ROYAL SOCIETY FELLOWSHIP

A neuroscientist and BPS Chartered Psychologist who carried out seminal work on taxi drivers and their hippocampal plasticity, Eleanor Maguire, has been named a Royal Society Fellow this year. Professor Maguire’s work has transformed

understanding of how the brain supports navigation, memory and imagining the future, and in particular the role of the hippocampus.

By combining evidence from neuroimaging studies of healthy individuals and



neuropsychological studies of patients with memory difficulties, she represents a researcher who works simultaneously in both disciplines at the highest level. She undertook her PhD at

University College Dublin, where she first became interested in memory while working with patients as a neuropsychologist.

She said: ‘I am so honoured and delighted to have been elected a Fellow of the Royal Society. Sincere thanks go to all

# BPS Political Psychology Section

'Psychology and politics need you!' is the call from University of Salford psychologist Dr Ashley Weinberg, who is hoping to establish a new Political Psychology Section within the British Psychological Society, drawing on support from across a range of members' interests. The section would aim to exchange ideas between members, foster research, host conferences and also share events with the UK's Political Studies Association.

Weinberg said the aims of political psychology include exploring the psychological mechanisms underlying political values and identity as well as the real-world consequences of these. He said: 'Political psychology is not just about those we recognise as "politicians", but also about the politicians we don't always recognise – all of us! We're politicians in our daily lives, even from a young age, trying to influence others, communicate our ideas and pursue some form of agenda.'

He emphasised that the Section would not be focused solely on party politics but would have a larger, all-encompassing view of the area. 'It's about global politics, peace and conflict resolution, social movements and protests, as well as influencing policy and government. It's about people on various levels, as psychology is uniquely placed to understand the link individuals share with their groups, organisations and communities. We know politics is about power and political psychology is about using that power to effect change for the better,' he added.

In compliance with the British Psychological Society's Rule 37(3), Weinberg must gather interest from at least 1 per cent of the Society membership in support before moving to the next stage of the process. To log your expression of interest go to [tinyurl.com/jjx4kkb](http://tinyurl.com/jjx4kkb). If you have any queries please contact Ashley Weinberg on [a.weinberg@salford.ac.uk](mailto:a.weinberg@salford.ac.uk).

## Conspiracy in the pub

Dr Daniel Jolley (Staffordshire University) opened a fascinating Psychologists in the Pub talk at the Gunmakers Arms in Birmingham with evidence conspiracy theories are on the rise. Despite the often-held view that such theories are believed by only a small number of people, Jolley remarked that around 20 per cent of people believe Princess Diana was assassinated.

The internet may be partly responsible for making these beliefs more widespread. Jolley pointed out that the first hit on Google for the question 'Should I vaccinate my child?' is a so-called anti-vax website.

But why do people believe in them? Jolley said certain cognitive shortcuts could partly explain this belief (see also [tinyurl.com/jolleynv](http://tinyurl.com/jolleynv)). For example, he said, the

proportionality bias causes us to point to large causes for large events, rather than accepting more mundane explanations. For example JFK's assassination led to scores of conspiracy theories, while the attempted assassination of Ronald Reagan did not – if it had been, might there have been such theories surrounding his death too?

People who believe in one conspiracy believe in several others, but they sometimes believe in contradictory theories. Jolley pointed to the killing of Osama bin Laden – some believe theories that say he is dead and at the same time think he may still be alive. He explained that this points to a higher-order belief system and said: 'If you endorse the belief that the US is hiding important

information it doesn't matter what the theory is as long as it meets the essential viewpoint that they're hiding something.'

As Jolley pointed out, many people hold this sort of belief, but are these theories harmless and interesting or more sinister? He gave evidence that the belief that HIV and AIDS are manmade is related to a more negative attitude towards condom use, and that a larger belief in such theories makes a person more likely to potentially avoid treatment for HIV. Jolley's own research has asked 89 British parents fill in a questionnaire asking about their belief in anti-vaccine conspiracy theories and then indicate their vaccination intention for a child against a fictional disease. He found those with higher belief in conspiracy

theories indicated a lower intention to vaccinate their child – adding proof to his theory that conspiracy theories may translate into real-world harm.

In a second experiment participants were either exposed to material endorsing conspiracy theories or a more mainstream account that vaccines are safe. He saw that those exposed to conspiracy accounts had a higher belief in anti-vaccine conspiracies, these people also indicated less intention to vaccinate. Another study found that exposure to government conspiracies leads to less intention to engage with politics and a lower likelihood of voting.

Jolley also looked into the role of conspiracy theories in changing perceptions of social groups. In ongoing work, he found being exposed to conspiracy theories about Jewish people leads to more negative feelings towards this group and makes people less likely to vote for them in a fictional European Parliament election. He concluded: 'Conspiracy theories don't just have negative practical influences but can also change how you see other people and as a result could impact on group relations.' ER

my wonderful researchers, colleagues, collaborators and funders over the years that have made doing memory neuroscience so rewarding and so much fun!'

Maguire is currently a Wellcome Trust Principal

Research Fellow and Professor of Cognitive Neuroscience at University College London, and is an honorary neuropsychologist at the National Hospital for Neurology and Neurosurgery in London. A fellow of the Academy of

Medical Sciences, she has won numerous prizes for outstanding contributions to science including the Royal Society Rosalind Franklin Award as well as the Ig Nobel Prize for Medicine for her work with taxi drivers. ER

# Doctoral award

Dr Praveetha Patalay is to receive the British Psychological Society's 2016 Award for Outstanding Doctoral Research Contributions to Psychology. Her PhD thesis, completed at University College London, critically evaluates the manner in which developmental psychopathology is understood, making three major contributions to our understanding of its structure, development and measurement. A key theme in her research has been applying statistical methodology in innovative ways to answer developmental questions. These analyses have led to new insights and helped clarify existing literature generating much interest among

researchers.

Dr Patalay said: 'It is nice to get this recognition from the Society for my doctoral work, and I will continue my research into further

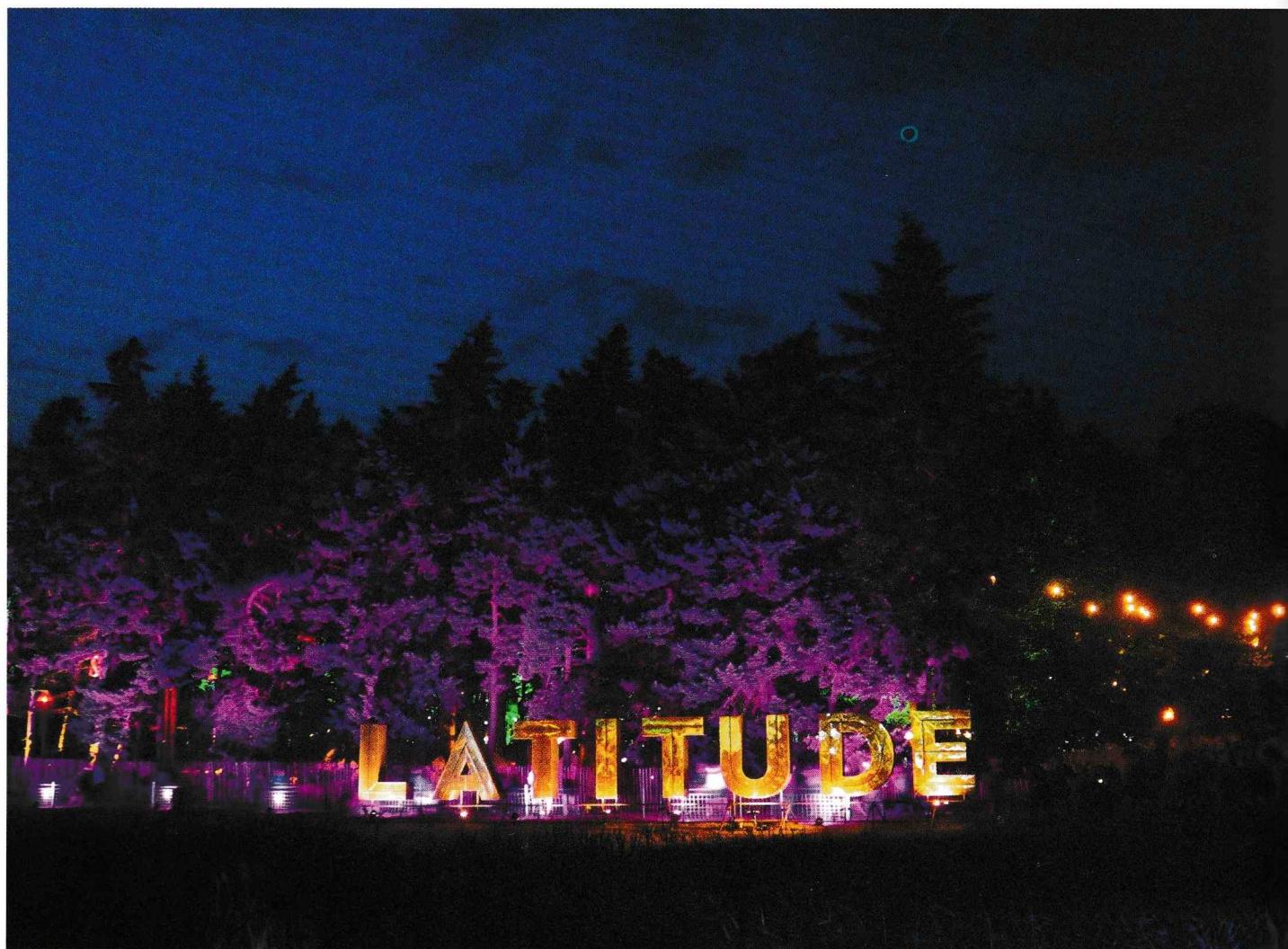
understanding the development of mental health in children. Going forward, I also hope to encourage and help psychology students become more methods savvy, especially in the use of longitudinal data.'

Professor Jamie Hacker Hughes,



President of the British Psychological Society at the time of the award, commented: 'I thoroughly congratulate Dr Patalay on this award. Psychology, as a discipline, is a key contributor to advancing the boundaries of scientific research and Dr Patalay's work is an excellent exemplar of that.'

This award is made by the Society each year to recognise outstanding contributions to psychological knowledge made by postgraduate research students whilst carrying out research for their doctoral degrees in psychology.



After last year's successful appearance at the Latitude Festival in Suffolk (see [www.thepsychologist.org.uk/teenagers-debunked](http://www.thepsychologist.org.uk/teenagers-debunked)), The Psychologist will be returning this July. The three-day event attracts around 35,000 people to Henham Park for music, comedy, theatre, literature and more. See [www.latitudefestival.com](http://www.latitudefestival.com) for tickets, and watch our website and @psychmag for the announcement.



The British Psychological Society held its Annual Conference in Nottingham at the end of April. Reports will appear online at [www.thepsychologist.org.uk](http://www.thepsychologist.org.uk) and in the July edition.

## Spearman Medal

Dr Michael Banissy, Reader in Psychology at Goldsmiths University of London, is to receive this year's Spearman Medal from the British Psychological Society. Dr Banissy is a leader in the study of conscious vicarious perception – where individuals consciously experience the same sensation they see another feeling. He has led developments in our understanding of these experiences by conducting pioneering studies on mirror-touch synaesthesia (where individuals experience touch on their own body when seeing touch to others) and developing the existing neurocognitive model of them. He has also used this understanding to explore general mechanisms of interpersonal representation and social processing we all use. Additionally, he has made significant contributions to other areas of psychology, including face perception, emotion processing, social cognition, and memory.

Dr Banissy said: 'I am delighted to have been awarded the Spearman Medal and feel extremely honoured to be amongst the list of winners. I'd like to thank the BPS for the award and Professor Andrew Bremner for nominating me. This achievement would not have been possible without the help of some excellent colleagues, collaborators and lab members. I am very grateful to them all. I would particularly like to thank my mentors, Professors

Vincent Walsh and Jamie Ward, for their insight and support from the start. My lab are currently working on a number of projects that seek to determine mechanisms that contribute to our ability to determine social signals displayed by others, how these abilities vary between us, and means by which they can be improved.'

Professor Jamie Hacker Hughes, President of the British Psychological Society at the time of the award, said: 'The Spearman Medal is one of the British Psychological Society's most prestigious awards and is given to early career researchers, such as Dr Banissy, whose work is excellent in quality and influential in nature. Dr Banissy receives my wholehearted congratulations.'

The Spearman Medal is awarded annually by the Society's Research Board to recognise a body of outstanding published work produced by a psychologist within eight years of the completion of his or her PhD.



## Springboard to research success

Over £1.8m has been awarded by the Academy of Medical Sciences to the first participants in Springboard, a new scheme to support researchers on their path to research independence.

Springboard has been designed to fill a gap in the funding and training currently offered to non-clinical

researchers at the stage of forming a research group and establishing an independent research project – one of the most crucial but difficult steps in the career of a scientist. The awardees will receive a research grant of up to £100,000 for two years plus mentoring from Academy Fellows and access to

leadership and career development activities.

The Academy has a long tradition of supporting clinical researchers through a range of funding schemes, but these are the first major research awards it has made exclusively to the 'bench-side' researchers, who play an important role in the translation of biomedical

discoveries into health benefits for society.

Recipients in this round include Dr Molly Crockett, from the Department of Experimental Psychology at the University of Oxford, working to identify risk factors for personality disorder using harm aversion as a way to uncover them.

# One woman's deradicalisation – from neo-Nazi to preacher of tolerance

An in-depth interview with a formerly violent right-wing extremist has provided psychologists with rare insights into the processes of disengagement and deradicalisation. John Horgan at Georgia State University and his colleagues interviewed 'Sarah' face-to-face for several hours, and also followed up with telephone calls. Their account is published in *Behavioral Sciences of Terrorism and Political Aggression*. The woman had previously been a member of various neo-Nazi right-wing groups and was ultimately imprisoned for her part in the armed robbery of a shop. Today, Sarah works to combat violence and racism by speaking to at-risk youths, and says she feels a 'responsibility to go out and try to undo damage'.

The background to this from a research perspective is that violent extremism remains, thankfully, rare. Therefore psychologists rely on insights into the deradicalisation process mostly from interviews with professionals, family and friends who have contact with extremists. Interviews with extremists themselves are hard to obtain, making this in-depth case study a rare opportunity. A major limitation is that some or all of the processes involved in this case may not generalise to other extremists.

The researchers applied their 'arc framework' to Sarah's story – this is the idea that the path from extremist to deradicalisation goes from involvement, to engagement, to disengagement, and that the nature of disengagement and deradicalisation (often a long-term process, rather than a sudden moment) will likely be shaped by the reasons behind initial involvement and engagement.

Sarah's involvement in right-wing extremism came about through teenage feelings of alienation. These feelings were fostered by a religious schooling that clashed with her parents' alcoholism and racism, and her emerging sexual interest in other girls. Sarah fell in with skinheads at high school. This group later split into neo-Nazi and anti-fascist groups, and Sarah chose the

former, where she found a sense of purpose and belonging.

Sarah's true engagement began when she volunteered to expel another member. 'That to me was my crossover and where I said okay this is ... now at this time I'm making this commitment, you know, to follow these rules, to be a member of the group.' She got more neo-Nazi tattoos and was exposed to right-wing literature – she says this didn't influence her beliefs, so much as give her a way to impress the other extremists around her. In fact, she says ideology only played a small part in her involvement – rather, she found the alternative and socially challenging lifestyle an attractive option, especially in light of her uncomfortable family circumstances.

The roots of Sarah's disengagement run deep. She describes feeling doubts very early on, not least because she engaged in activities that she knew ran contrary to the beliefs of the groups she was involved with, such as her sexual promiscuity, including being involved with a Hispanic man. Her doubts were later compounded by the 1995 Oklahoma City bombing (by a right-wing extremist), including the image of an infant victim. But still, as her doubts intensified, she drowned them in more drink, drugs and deeper extremist involvement. As this tension between her desires to leave and her commitment took their toll, Sarah says she simply lacked the resources to leave, and her involvement continued to provide her with 'self-worth, validation and protection'.

The turning point came when Sarah was arrested for her part in an armed robbery, which she'd undertaken with her then boyfriend who was a key figure in her extremist group. Her subsequent imprisonment meant involuntary disengagement from the group. This changed Sarah. She took responsibility for her actions, and whereas we often hear about people being radicalised in prison, the researchers say it was clear that the physical distance created by imprisonment provided the space and opportunity for Sarah to confront her doubts.

Once in jail she befriended black women and was surprised by their acceptance of her (despite her notoriety and racist tattoos). Sarah took a degree, broadened her outlook. She 'started realizing the world truly is so much bigger than [her] and [her] beliefs and ideas and, you know, [her] feelings' which, she says, gave her a 'terrific sense of freedom'. She subsequently began teaching in prison, including tutoring other inmates in how to read and write. She discovered her capacity for compassion and empathy, 'you know actually caring about people that I professed to hate for so many years – those kind of experiences changed me tremendously'.

On her release, Sarah was terrified that she had 'hardwired her brain' in her earlier life, but she made a conscious decision to challenge any racist thoughts that emerged in her mind, a process she likens to 'breaking a bad habit'. Sarah's feelings of responsibility to undo past damage and her newfound social role as preacher of tolerance have also been protective – helping to deepen her disengagement and making it psychologically meaningful. Today her fears of being hardwired to be racist have subsided.

The researchers acknowledged that their account of Sarah's case is 'partial, idiosyncratic and limited', but they noted that 'most of what is said and written about violent extremist offenders [is] rarely complemented by insights from the offenders themselves'. They concluded: 'We do firmly hope that this case study serves as an illustration for future research purposes.' CJ



In *Behavioral Sciences of Terrorism and Political Aggression*

## Want to remember something? Draw it

In *Quarterly Journal of Experimental Psychology*

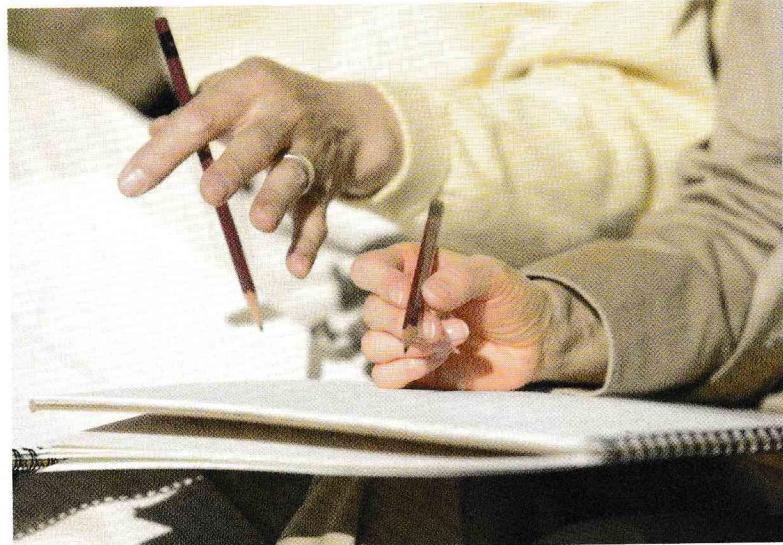
If you've got some revision to do, get yourself a sketch pad and start drawing out the words or concepts that you want to remember. That's the clear message from a series of studies in the *Quarterly Journal of Experimental Psychology* that demonstrates drawing is a powerful memory aid.

Jeffrey Wammes and his colleagues first presented dozens of students with 30 easily drawable words such as 'apple'. For each word, they had to spend 40 seconds writing it out repeatedly, or drawing it. The students then completed a filler task for a couple of minutes, which involved classifying the pitch of different tones. Then they were given a surprise memory test and asked to recall as many of the earlier words as possible. Participants recalled more than double the proportion of drawn words than written words. The drawing advantage held in a variation of

the experiment in which the 40 seconds were spent either drawing each word repeatedly, or writing out each word just once and then spending additional time adding visual detail, such as shading.

In further experiments with dozens more students, the researchers showed that drawing was a better memory aid than visualising the words, or writing a description of the physical characteristics of each word's meaning (designed to encourage deep-level encoding of the words), and more effective than looking at pictures of the words. The drawing advantage also remained when participants were given just four seconds to draw each word, and whether they performed the tasks alone or together in a lecture hall.

The researchers think that drawing has this effect because



it involves lots of different mental processes that are known to benefit memory, such as visualisation and deep-level elaboration. 'We propose that drawing, through the seamless integration of its constituent parts, produces a synergistic effect, whereby the whole benefit is greater than the sum of the benefit of each

component,' they said. They acknowledged more research is needed to show the usefulness of these findings to real life: 'While we did show that the drawing effect is reliable in group testing in our experiments, the content was still only single words and hardly representative of an academic setting.' CJ

## The most effective leaders clash with their company's culture

In *Journal of Applied Psychology*

Anyone will tell you that the most successful organisations have leaders who match the company culture. A CEO fixated on getting things done should lead somewhere driven by outcomes, a 'mission culture', whereas a people-focused leader suits a place focused on involvement and participation. This way everything is neat, tidy and aligned, with messages presented consistently, providing staff with reliable guides as to how to behave. But this is not what the data says in a new study published in the *Journal of Applied Psychology*. The new results argue that your leader shouldn't line up with the culture – they should supply what it's missing.

Chad Hartnell and his colleagues surveyed the management of firms within a technology consortium, asking members of 120 management teams to rate their CEOs on task leadership (e.g. 'encourages the use of uniform policies') and relational leadership ('is friendly and approachable'), and to rate their organisation's culture on

these same task and relation dimensions. The researchers wanted to find out which combinations of leadership and culture would, nine months later, show the greatest benefit in a tangible outcome: firm finances.

The data drew a gloomy picture for alignment. For relationship focus, mismatches were always better. Firms with a strong relational culture performed better when led by a leader with a low relational focus, and



highly relational leaders were associated with stronger results when they operated in a culture with lower concern with relations. A similar picture emerged for task focus, where a combination of a high-focus culture and leader was the worst one possible. These associations held true even after controlling for past performance, CEO tenure and size of the firm.

Why could this be? When leader and culture are aligned, much of the leader's efforts are redundant. When an organisation's history of competition and high standards leads to a highly outcome-focused culture, the CEO generates limited returns from focusing on task outcomes, as culture is acting as a 'substitute for leadership'. The job of a leader is to bring something new and needed to the table, such as a relational focus in a highly clinical culture.

Hartnell's team point out their finding operates at a very broad level – more or less focus on people or outcomes – and that this shouldn't be taken as querying whether leaders can ever be a misfit for a culture; clearly they can. So this study isn't a paean to appointing disruptive contrarians, but rather, to considering the broader picture of what an organisation needs at any given time. Leaders who've been successful in steering their ship should reflect on whether the lessons they came to teach have now been learned, and whether it's time to shift who they are as a leader, so they can begin to offer new ones. AF

## Teaching ancient 'mental abacus' technique boosted maths abilities more than normal extra tuition

In *Child Development*

Seeing an expert abacus user in action is a sight to behold. Their hands are a blur as they perform arithmetic operations far quicker than anyone using an electronic calculator. The mental abacus technique is even more impressive – it works just the same as a real abacus, except that you visualise moving the beads in your mind's eye (see [tinyurl.com/jq38ap2](http://tinyurl.com/jq38ap2) for a video of people using mental abacus to perform amazing feats of arithmetic).

Surprisingly, there is little research on the benefits of teaching the mental abacus technique to children. But now, psychologists in the US have



conducted a three-year randomised controlled trial of the effects of teaching the mental abacus on 183 five-to-seven year-old children at a charitable school in Vadodara,

India. Their results suggest that training in the mental abacus can have impressive benefits for students' mathematical abilities, above and beyond those seen for standard supplementary teaching, but that these benefits may not extend to children with weaker cognitive abilities.

The children took baseline tests of their maths and cognitive abilities, then they were allocated randomly to a group to receive three hours per week extra tuition in the abacus (the first year focused mostly on the physical abacus – specifically the Japanese soroban style – and then later years graduated to the mental abacus) or to a group that received three hours per week supplementary maths tuition, following the OUP New Enjoying Maths series.

When the children's maths and cognitive abilities were tested again at the end of the three-year study, those in the mental abacus group showed

superior improvements in their maths abilities, including calculation, arithmetic and the conceptual understanding of place value, compared with the control group (effect sizes were large), and some modest advantages in their academic grades in maths and science. The mental abacus did not lead to wider benefits in cognitive abilities, and it didn't change the children's attitudes to maths or reduce their maths anxiety – this latter result sounds disappointing, but also means the main benefit to maths ability is unlikely to be a placebo effect. Unfortunately, the exceptional benefits of mental abacus training to maths ability were not found among a subset of children who started out the study with weak spatial and working memory abilities.

'We find evidence that mental abacus – a system rooted in a centuries-old technology for arithmetic and counting – is likely to afford some children a measurable advantage in arithmetic calculation compared to additional hours of standard math training,' the researchers said. 'Our evidence suggests that mental abacus provides this benefit by building on children's pre-existing cognitive capacities rather than by modifying their ability to visualise and manipulate objects in working memory.' CJ

## LINK FEAST

### The Impostors' Survival Guide (BBC radio show)

Oliver Burkeman explores the impostor phenomenon. That inexplicable feeling of fraudulence that plagues the working lives of so many people.

[www.bbc.co.uk/programmes/b07865h3](http://www.bbc.co.uk/programmes/b07865h3)

### Why So Many Smart People Aren't Happy

It's a paradox: Shouldn't the most accomplished be well equipped to make choices that maximize life satisfaction?

[www.theatlantic.com/business/archive/2016/04/why-so-many-smart-people-arent-happy/479832](http://www.theatlantic.com/business/archive/2016/04/why-so-many-smart-people-arent-happy/479832)

### Is Social Media Making People Depressed?

Mark Widdowson (Lecturer in Counselling and Psychotherapy, University of Salford) gives his verdict at *The Conversation*.

<https://theconversation.com/is-social-media-making-people-depressed-58242>

### Sorry, You Can't Speed Read

Two psychologists have reviewed the literature and they conclude that 'it's extremely unlikely you can greatly improve your reading speed without missing out on a lot of meaning'.

[www.nytimes.com/2016/04/17/opinion/sunday/sorry-you-can-t-speed-read.html](http://www.nytimes.com/2016/04/17/opinion/sunday/sorry-you-can-t-speed-read.html)

### What Can a Lemon Tell You About Your Personality?

Do you find yourself salivating at the merest thought of eating a lemon? The answer may say more about your mind than your taste for sour flavours

[www.bbc.com/future/story/20160420-what-can-a-lemon-tell-you-about-your-personality](http://www.bbc.com/future/story/20160420-what-can-a-lemon-tell-you-about-your-personality)

### Why We Sleep Badly on Our First Night in a New Place

Is it because half our brain is staying up to keep watch?

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## Experienced meditators' brains that are physically seven years younger than non-meditators' brains

In *NeuroImage*

If you want to keep your brain young, you could do a lot worse than taking up meditation. That's if you believe the results of a new study in *NeuroImage* that's found experienced meditators have brains that appear 7.5 years younger, on average, than non-meditators.

The researchers used a computer program that they created previously – it was trained on brain scans taken from hundreds of people to recognise what brains of different ages typically look like, in terms of amounts of grey matter, white matter and cerebral spinal fluid. For the new study, the same program analysed the brains of 50 experienced meditators (average age 51, with an average of 20 years meditation experience) and the brains of 50 healthy, non-meditators (also average age 51) and it produced a figure for each person saying how old their brain was in terms of its physical condition, as compared with the actual age of the person. Using this approach, the group of meditators had brains that were 7.5 years younger than the control group, on average.

Moreover, among the controls, the gap between their 'brain age' and chronological age didn't vary with greater age, but among the meditators it did: it was the older meditators who had brains that seemed particularly well preserved, suggesting that meditation provides protection against the brain cell loss associated with ageing.

Should you believe these findings? Prior research has shown that meditation appears to increase brain volume. But some issues to bear in mind include the fact that meditation might not preserve the brain, rather people with more age-resistant brains might be more likely to take up meditation. Similarly, we don't know if people who meditate do other healthy things that non-meditators don't do. Another caveat: this study just looked at the physical characteristics of the participants' brains, there was no test of their mental functioning. As a final aside, the researchers also noted that their female participants had more youthful brains than men – at age 50, they appeared three years younger, on average. CJ

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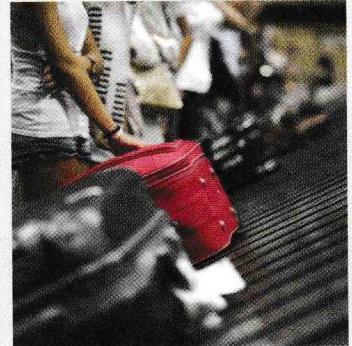
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Past controversial research has linked young children's time in day care with later behavioural problems. A new British study of hundreds of children tells a different story – more time in out-of-home day care before age two was associated with superior cognitive scores at age four. *International Journal of Behavioral Development*

Spending time looking at virtual-reality spiders helps people with arachnophobia to judge the size of real spiders more accurately (usually they overestimate their size), and this may be one mechanism by which they subsequently come to see real spiders as less scary. *Biological Psychology*

A clinical psychologist based in the US has written an essay about his experiences of mania without depression. Although the episodes have caused him some problems, he says on balance that his 'madness' has been enriching and that mental disorders should not always be seen as purely pathological. *Psychosis*

Using CCTV footage recorded at the local airport in Zurich, researchers have tested the ability of different groups to spot baggage thieves before they committed a crime. Police officers and detectives performed better than students and novice police recruits, suggesting it's possible to learn the signs of a thief planning a crime. *Applied Cognitive Psychology*



A US study has found that people think scientists are more likely to engage in 'impure activities' such as necrophilia as compared with other social group categories such as Christian, gay or Hispanic. At the same time, scientists were the most liked group. *PLOS One*



A series of field studies conducted in Paris suggests that we're less likely to come to a stranger's need when we're in an area with lots of luxury shops. The researchers believe the shops prime concepts of wealth and money, which in turn encourages selfishness. *Social Influence*

An analysis of all the suicides that occurred in Queensland, Australia in 2004 has found several differences between those victims who left notes and those who didn't. For instance, note leavers were less likely to be female or from indigenous communities. The results challenge suicide research that extrapolates from note leavers to all suicides. *Archives of Suicide Research*

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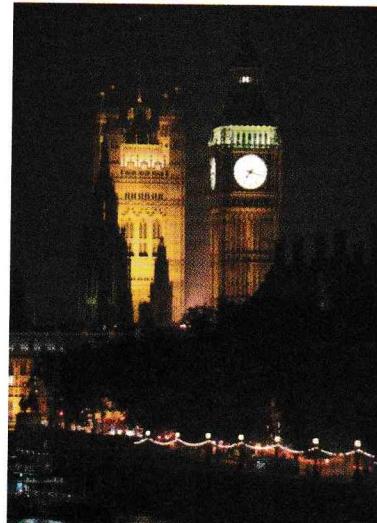
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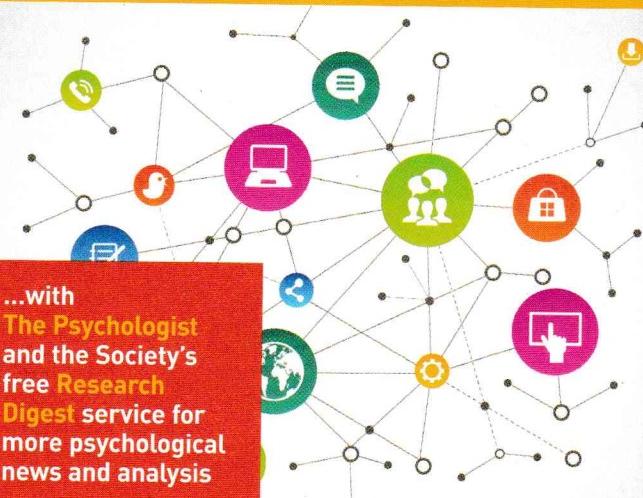
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# Absent fathers and sexual strategies

Sarah E. Hill, Randi P. Proffitt Leyva and Danielle J. DelPriore take an evolutionary approach and uncover some surprising findings

**A**s Father's Day is drawing near, many of us may find ourselves thinking about our relationships with our fathers. For some of us, this may include memories of fishing trips and baseball games. For others, it may bring back feelings of disappointment and anger about times that our fathers were absent from our lives. Regardless of whether your relationship with your father was something to cherish or something that you would just as soon forget, fathers play a unique and important role in their children's development, particularly for daughters.

## Time well spent

Relative to males of other species, human males (or, 'men', as they are more commonly known) invest an exceptional amount of time, energy, and resources in caring for their offspring (Geary, 2000, 2005). A large body of research suggests that this is time well spent. For instance, numerous studies have found an association between father presence and a decreased risk of illness and infant mortality relative to children from single-parent households (Figueroedo et al., 2006; Geary, 2000, 2005). As children begin to explore the world around them, paternal involvement is associated with increased self-confidence for environmental exploration and risk-taking (Paquette & Bigras, 2010). Because fathers more than mothers often encourage children to push boundaries (Brussoni & Olsen, 2011), father

involvement is also associated with less fear of failure (Teevan et al., 1986) and higher self-esteem (Harper & Ryder, 1986) relative to children who grow up without their biological father. Male parental investment of time and money is also linked with a number of desirable social outcomes, including greater academic achievement in childhood, higher socio-economic status (SES) in adulthood, and increased upward social mobility (Amato, 1998; DeBell, 2008; Geary, 2005; Kaplan et al., 1998; Mulkey et al., 1992).

Not surprisingly, whereas the presence of one's father is found to have a positive influence on developmental outcomes, father absence is reliably associated with



Father-absent girls display a host of outcomes often experienced by early developing girls

a variety of dubious psychological dispositions and social outcomes. For instance, research has demonstrated that children from father-absent homes are less able to delay gratification than children from two-parent homes (Mischel et al., 1989). They also demonstrate more interpersonal problems, poorer psychological adjustment, and more depression and anxiety than boys and girls from intact families (Jane Costello et al., 2006). As young adults, they consume more alcohol (Kenny & Schreiner, 2009), are more likely to be incarcerated (Anderson et al., 2002) and demonstrate more hostile behaviours relative to youth growing up with their biological father. Finally, many of these risks appear to be heightened for children and adolescents who – in addition to father absence – lack a positive relationship with their mother (Mason et al., 1994), are low in socio-economic status (Abdalla, 1992) or are living with mentally ill mothers (Jensen et al., 1989).

## Paternal investment theory

Although father absence has important implications for wellbeing across the sexes, much of the literature has focused on the effect that father absence has on the developmental and reproductive outcomes exhibited by girls as they approach and enter adulthood. Much of this body of work is informed by paternal investment theory (PIT), which is an evolutionary-based framework that predicts that fathers play an important role in the regulation of daughter's sexual development (Trivers, 1972; Draper & Harpending, 1982; Ellis, 2004; Ellis et al., 2003; Ellis et al. 2012).

PIT posits that natural selection designed girls' brains to detect and encode information about their fathers' social behaviour and investment as a basis for calibrating their own reproductive strategies. According to this perspective, if a girl

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grows up in a home with a high-investing father, this sends her a message that (a) she lives in the type of environment that favours heavy parental investment by mothers and fathers and (b) that the benefits of parental investment (in terms of long-term reproductive success) are high. In these types of environments, it is advantageous for women to invest heavily in their own development before reaching sexual maturity and beginning to reproduce, because it will improve their ability to create highly competitive offspring. On the other hand, if a girl grows up in a home where paternal investment is lacking, this is believed to send the opposite message: male investment cannot be relied upon in this environment and the benefits of investment in an individual offspring are insufficient to outweigh the costs of forgoing additional reproductive opportunities. In these types of mating systems, it is evolutionarily advantageous for women to shift their sexual development and decision-making in ways that promote a 'quantity over quality' mating strategy (Draper & Harpending, 1982, 1988), which is characterised by precocious sexual development and earlier age of first reproduction.

Much evidence suggests that father absence shifts daughters toward accelerated development, sexuality and reproduction. For instance, researchers have repeatedly demonstrated that early paternal investment is an important determinant of pubertal timing, with daughters of less involved fathers experiencing earlier menarche relative to girls growing up with more involved fathers (Ellis et al., 2003; Ellis et al., 1999; Quinlan, 2003). Moreover, father-absent girls display a host of outcomes often experienced by early developing girls – including increased sexual promiscuity, higher rates of teen pregnancy, earlier first sexual intercourse and reproduction, and difficulty forming

## Meet the authors

'While walking the halls of our respective high schools, the different developmental tracks taken by female classmates intrigued our research team, even at an early age. Whereas some girls preferred to devote their time to friends or extracurricular activities, other girls took a "faster track," hanging out with older guys (and sometimes becoming pregnant before graduation). These early observations prompted our mutual interest in understanding the wide variation in developmental outcomes and mating behaviour. Using our training in evolutionary theory, we began to systematically investigate the numerous ways that early childhood environments shape later life trajectories. Although it seems obvious that a person's childhood experiences would influence who they are as adults, what is less obvious is that many of the socially undesirable outcomes related to adverse early life circumstances – such as teenage pregnancy and sexual risk-taking – make good evolutionary sense in the context in which they develop. The development of successful interventions to prevent many of the health problems overrepresented in poor and father-absent families requires a familiarity with the latest research on the important role that one's early environment plays in shaping decision-making and behaviour in adulthood.'



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stable long-term relationships – with the most pronounced effects being observed for girls whose fathers were absent from an early age (Belsky et al., 1991; Chisholm et al., 2005; Draper & Harpending, 1982; Quinlan, 2003). For example, Ellis and colleagues (2003) examined the association between father absence and girls' sexual behaviour in a demographically diverse sample of girls over a 13-year span. The results revealed that adolescent girls who experienced father absence early in life were twice as likely to have had sexual intercourse and seven times more likely to have been pregnant by age 17 relative to girls whose

fathers were present during their early development. Moreover, these effects appear to be specific to girls whose fathers are voluntarily absent, with daughters of widows being spared from these outcomes (Draper & Harpending, 1982; Hetherington, 1972).

Although much research has found an association between father presence/absence and daughters' sexual decision-making, as scientists, we must be cautious about inferring a causal relationship between two variables without conducting an experiment. Indeed, whether fathers exert a causal impact on daughters' sexual psychology is still

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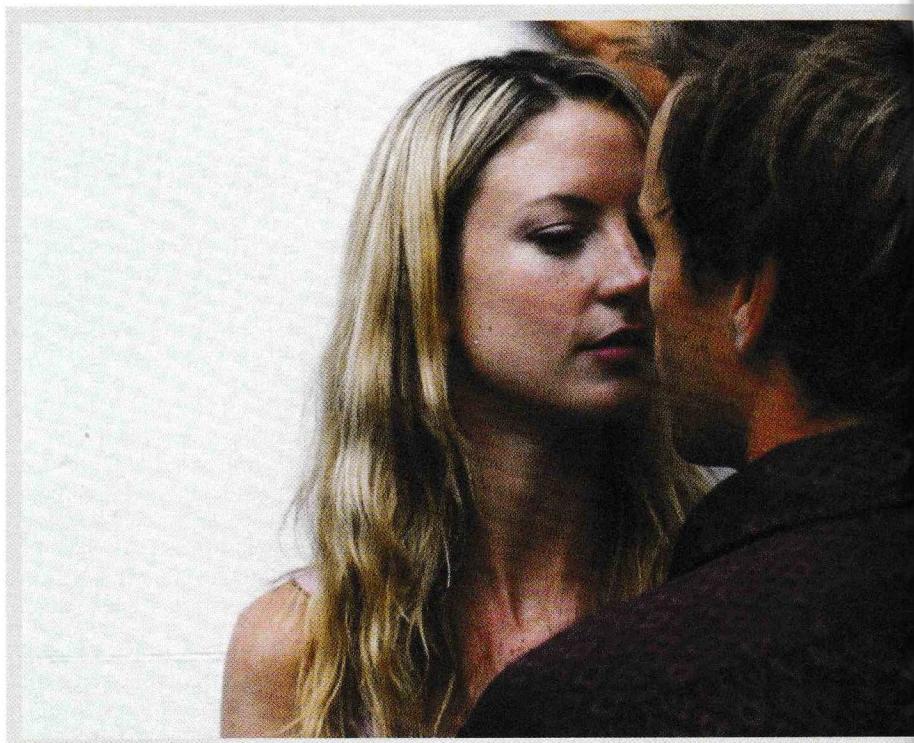
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widely debated due to the lack of randomised experimental research. Given that assigning women to experience father presence or absence before measuring their sociosexual behaviour would pose some obvious ethical dilemmas (not to mention numerous practical problems), we recently decided to try the next best thing: have women write about a time that their father was absent (or present) for an important life event and then measure various features of their sexual decision-making. With this goal in mind, we conducted five experiments testing the effects that reminders of father absence have on women's sexual decision-making (DelPriore & Hill, 2013).

Our findings provided consistent experimental support for a causal link between fathers' investment and daughters' sexual decision-making. College-aged women who described a time their biological father was absent demonstrated greater activation of sexual concepts and more permissive sexual attitudes. For instance, women who described their father's absence were more likely to complete a series of ambiguous word stems with a sexual word (e.g., completing \_A K \_ D as 'NAKED' as opposed to 'BAKED') than women who described a time their father was present and supportive during a time of need.

In addition to activating sexual concepts, priming father absence had an effect on women's explicit attitudes toward casual sex. Specifically, women expressed greater acceptance of – and greater willingness to engage in – casual sexual relationships after describing their father's absence. They also reported desiring to have sex with a greater number of male acquaintances and expected to have sex with a greater number of men in the future, effects that could not be accounted for by negative emotions that may have been evoked by remembering their father's absence.

Furthermore, these women harboured more negativity toward the use of condoms, an effect that was not observed



Women expressed greater acceptance of – and greater willingness to engage in – casual sexual relationships after describing their father's absence

among college-aged men who described the presence of their father. Although they reported a greater willingness to take sexual risks, women who described their father's absence were no more willing to take risks – or indulge in immediate gratification – in other domains (e.g. they were no more likely to report difficulties saving money or holding themselves to a strict diet). In accordance with an abundance of previous research, the findings of our experiments were also specific to descriptions of father absence. In other words, women who described the absence of their mother or of a close friend did not demonstrate similar shifts in their projected sexual decision-making.

### Next steps and limitations

Although this body of research suggests that paternal involvement may be a key contributor to daughters' sociosexual development, there are a number of

limitations on what is known about this influence. For example, although PIT posits that paternal involvement provides women with unique information about local mating systems (e.g. the quality and availability of male partners) that women use to guide their sexual decision-making and behaviour, this assumption has never been explicitly tested. A critical next step in this research programme is to examine whether paternal disengagement cues actually influence women's expectations regarding the level of investment they are likely to receive from future mates and/or the necessity of male investment. Although the presence of such conscious shifts is not critical to paternal investment theory, if observed, these results would provide powerful support for this theoretical perspective. Examining the impact of paternal absence/disengagement on women's perceptions of men, the mating system and the likelihood and necessity of receiving male investment

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represents a critical next step for research on PIT.

Further, it is possible the relationship between paternal investment and daughters' sexual decision-making may derive from a family-wide environmental confound. These are causal factors that differ between families but are shared within families (e.g. socio-economic status, religion). A family-wide environmental confound could cause low paternal investment, on the one hand, and lead to faster reproductive strategies in daughters, on the other. For example, poverty is associated not only with elevated rates of family disruption/father absence, but also heightened levels of risky sexual behaviours (RSB). If poverty (or some other family-wide environmental factor)

is the underlying cause of the relations between low-quality paternal investment and faster reproductive strategies in daughters, then the 'effects' of paternal investment are in fact spurious (i.e. they arise from an environmental third variable).

It is similarly possible that the impact of paternal investment on daughters' reproductive strategies may derive from a family-wide genetic confound. Behaviour geneticists refer to this type of association as a gene-environment correlation. Parents who pursue faster reproductive strategies may pass on genes for faster reproductive strategies to their children (Lummaa & Clutton-Brock, 2002). Consistent with pursuing a fast reproductive strategy (e.g. low pair bond stability, low parental investment), such parents are also at increased risk of becoming physically absent or disengaged. Thus, daughters who experience low-quality paternal investment may develop a faster reproductive strategy because of higher genetic loading for traits associated with

the fast strategy. Indeed, any factor – whether environmental or genetic – that is shared by parents and offspring that influences reproductive strategies and correlates with low-quality paternal investment could account for the relations between these variables.

Research is also needed to examine the impact of paternal engagement on the calibration of daughters' attachment styles (Bowlby, 1969). Belsky (1997) postulates that attachment style, developed by offspring in the first five to seven years of life, based on parent-child interactions, including responsiveness to the child's physical and emotional needs and overall parental warmth, may be an integral environmental component in the development of fast versus slow reproductive strategies. For example, securely attached mated men and women generally employ a slower mating strategy in which they invest heavily in fewer offspring, while those with insecure-resistant and insecure-avoidant attachment styles have low parental investment, display a more opportunistic approach to mating, have more children and invest far less in their development. As such, daughters with parents, especially fathers, possessing insecure attachment styles have predictably younger ages at first sexual debut and first reproduction. The generational transfer of attachment styles is well documented by developmental psychologists and can certainly represent a family-wide environmental confound that has been shown to impact reproductive strategies (Belsky, 1997).

### Doomed without Daddy?

Although research suggests that paternal engagement is associated with many desirable outcomes, this does not mean that your children are doomed to a suboptimal developmental trajectory if you are a single mother. Patterns that emerge when examining data are simply that: patterns. They do not account for the tremendous amount of variability that

is observed between individuals within the same circumstances. If you need evidence of this, consider that children raised without their fathers have grown up to become Pulitzer Prize winning authors, Nobel Laureates, even the President of the United States. Fathers matter, but having one does not guarantee success and growing up without one is not a prescription for failure.

Furthermore, it is important to note that some research finds that the impact of paternal disengagement on children's developmental outcomes is mediated, in part, by maternal depression and financial problems that can be part and parcel of a father leaving (Culpin et al., 2014). The mother's response to these factors can play an important role in buffering (or exacerbating) the developmental impact of a missing father on a child. There may also be steps that mothers can take – such as exposing their children to other supportive male role models, such as teachers and relatives – to reduce the developmental impact of father absence. Research on this topic is needed to provide single parents with guidance on how to best set their children up for success when they come from non-traditional family structures.

The meaning of fatherhood is continually redefined as society changes. This is an important point, as it often gets neglected in discussions of family, which tend to focus on the changing roles of women. As we make these changes, it is important that our new definitions of fatherhood reflect the important role that fathers can play in their children's development. This is particularly true when it comes to daughters and their sociosexual development. Although the results of this body of research do not provide concrete answers to many of these questions, they do suggest that fathers may have an important impact on their daughters' sexuality into adulthood. As we continue to update our definitions of family and parenthood, it will be important to examine how these changes impact development.

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# Beyond individual therapy

David Harper looks towards a psychosocial approach to public mental health

**P**sychological distress has increasingly been recognised as an important health and social problem – the 2014 Health Survey for England reported that 26 per cent of adults said they had been given a diagnosis of 'at least one mental illness' in their lifetime (Bridges, 2015). The last 20 years have seen a significant increase in the availability of mental health interventions, primarily medication and individual psychological therapy. However, such interventions are predominantly reactive (rather than preventative) and focus at the level of the individual (rather than at the level of the family, community or society). In this article I will argue that applied psychologists could draw on traditions like public health medicine and community psychology to develop proactive preventative interventions, and to inform public debate so as to address the distal causes of distress.

## The rise of individualised mental health interventions

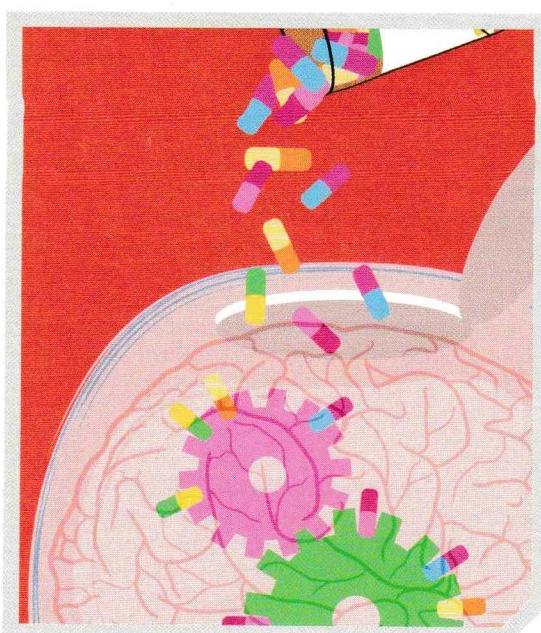
Recent decades have seen a year-on-year increase in the provision of primarily individually focused mental health interventions: psychiatric medication and psychological therapy. Psychiatric medication is still the default intervention in mental health – the Healthcare Commission (2007) noted that 92 per cent of their service-user sample had taken medication. The cost of antidepressant medication rose from

over £50m in 1991 to nearly £400m in 2002 (Social Exclusion Unit, 2004). This cannot simply be due to an increase in the size of the population (the population in England increased by only 2 per cent between 1991 and 2001) or inflation (7.5 per cent in 1991 dropping relatively steadily to 1.3 per cent in 2002). This trend has continued: Ilyas and Moncrieff (2012) report that there were 15,000

prescriptions of antidepressants in 1998 but over 40,000 in 2010 (during this period the population increased by only 5.5 per cent), and they note that the total amount spent on all psychiatric drugs, adjusted for inflation, rose from over £544m in 1998 to £881m in 2010. There have been rapid increases in the prescription of other drugs too – prescriptions of methylphenidate for children (better known by one of its trade names: Ritalin) have risen from 6000 in 1994 (Timimi, 2004) to over 922,000 in 2014 – a 153-fold increase in just over 20 years – costing over £34m a year (Health & Social Care Information Centre, 2015a). It is important to note that these figures only relate to community prescribing (by GPs and as outpatients) and don't cover medication prescribed in hospital.

Are we happy as citizens that we live in a society where there is an increasing reliance on medication, with its concomitant side-effects? What might be the causes of such an increase, and what alternatives might there be?

Comparable year-on-year figures aren't available for psychological therapy though we know that, in 2014–15, 1,250,126 people were referred and 815,665 people began receiving therapy under the Improving Access to Psychological Therapies initiative (Health and Social Care Information Centre, 2015b). As clinical psychologists predominantly provide individual therapy (Norcross & Karpak, 2012), we can use the numbers of clinical psychologists as a proxy measure of the increasing availability of psychological therapy over time. There were 362 members of the British Psychological Society's Division of Clinical Psychology in 1970 (Hall et al.,



The total amount spent on all psychiatric drugs, adjusted for inflation, rose from over £544m in 1998 to £881m in 2010

Albee, G.W. [1999]. Prevention, not treatment, is the only hope. *Counselling Psychology Quarterly*, 12(2), 133–146.

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2002) but this had risen to 10,202 by 2011 (British Psychological Society, 2012), a 28-fold increase. There were 11,279 clinical psychologists registered with the Health and Care Professions Council in January 2015 (HCPC, 2015).

Despite these increases, it is clear that many people still do not have access to psychological therapy (Mental Health Taskforce, 2016), a situation unlikely to change with ongoing cuts to public sector budgets. Whilst psychological therapy is relatively benign in comparison with the side-effects of many psychiatric medications, is it feasible to offer therapy to everyone who might need it? And how ethical is it for psychologists to focus primarily on providing reactive rather than preventative interventions and to fail to advocate for social and economic policies that might address the 'causes of the causes' of mental health problems? It is to these questions that we turn next.

### The limitations of individualised and reactive interventions

There have been two primary sources of concern about an over-emphasis on psychological therapy as an intervention. First, whilst it might be effective on an individual level, it will never be available to all those who need it. Second, since therapies are reactive interventions, they do not proactively address the causes of distress. The late George Albee pithily summarised these concerns: 'Individual psychotherapy is available to a small number only. No mass disorder has ever been eliminated by treating one person at a time' (Albee, 1999, p.133).

Despite significant increases in spending on psychiatric medication and individual therapy, demand still outstrips supply. Rather than focusing our efforts on intervening once problems develop, perhaps we need to focus more effort on preventing problems arising in the first place. In the field of prevention a distinction is drawn between primary and secondary prevention. Secondary prevention refers to attempts to

ameliorate problems at an early stage, once they have developed. This is the approach adopted by many early-intervention services with which applied psychologists are familiar. Primary prevention, on the other hand, aims to prevent problems before they arise, often through structural changes like social policy and legislation (e.g. the UK's legislation in 2007 to prevent smoking in enclosed public places). Keith Humphreys argued nearly 20 years ago that clinical psychology had over-emphasised psychological therapy at the expense of alternatives:

Psychotherapy lured the field into an overemphasis on individual psychology and individual-level treatment as the best approach to society's ills and an underemphasis on preventive interventions and sociocommunity-level conceptualizations of human behaviour. (1996, p.193)

If we are to intervene we need to understand the social patterning of distress. There is now substantial evidence that social inequality has a powerful effect on mental and physical health (Cromby et al., 2013; Friedli, 2009; Marmot, 2010; Mirowsky & Ross, 2003; Read & Sanders, 2010; Wilkinson & Pickett, 2009) – see Psychologists Against Austerity (2015) for a useful summary of this research. A recent survey indicates that men and women living in lower-income households are more likely to have received a psychiatric diagnosis than those living in higher-income households:

ameliorate problems at an early stage, once they have developed. This is the approach adopted by many early-intervention services with which applied psychologists are familiar. Primary prevention, on the other hand, aims to prevent problems before they arise, often through structural changes like social policy and legislation (e.g. the UK's legislation in 2007 to prevent smoking in enclosed public places). Keith Humphreys argued nearly 20 years ago that clinical psychology had over-emphasised psychological therapy at the expense of alternatives:

## Meet the author

'After I qualified as a clinical psychologist in 1991 I worked throughout the 1990s in NHS mental health services in the North West. Referral rates seemed to continually increase and, although NHS staff were often very committed to helping those who sought help, there seemed to be little attempt to address the causes of distress. I was very influenced by the work of people like David Smail and community psychologists like Sue Holland, and I was frustrated that we were essentially patching people up to send them back to the "trenches" of ordinary life without trying to end the "war". Shockingly, commissioners and funders didn't even seem to be aware there were alternatives.'

Since 2000 I've worked in clinical psychology training in London and my sense is – based on my experience in providing NHS clinical sessions between 2002 and 2014 and on conversations with colleagues working in the NHS – that, although some things have improved, much is getting worse: cuts are having a big impact; the gap between the richest and poorest in society has not reduced; clinicians are asked to do more in less time; defensive practice and bureaucracy are increasing workloads; public mental health is dominated by a medicalised approach; and, although prevention is prioritised in policy documents, this is not reflected in funding. Psychologists have a huge amount of knowledge and experience to share in developing a thoroughgoing psychosocial approach.'



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27 per cent of men and 42 per cent of women in the lowest income quintile compared with 15 per cent of men and 25 per cent of women in the highest (Bridges, 2015). Treatment is also socially patterned: Anderson et al. (2009) reported that 31 per cent of the poorest quarter of the population (i.e.

Croghan, R., Griffin, C., Hunter, J. & Phoenix, A. (2006). Style failure: Consumption, identity and social exclusion. *Journal of Youth Studies*, 9(4), 463–478.

Cromby, J., Harper, D. & Reavey, P. (2013). *Psychology, mental health and distress*. Basingstoke: Palgrave Macmillan.

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a household income less than £12,000) have used medication, compared with only 17 per cent of the richest quarter (i.e. household income of £38,000 or more).

In their 2009 book *The Spirit Level: Why More Equal Societies Almost Always Do Better*, Wilkinson and Pickett show the strong correlation at a national level between income inequality (i.e. the difference between the richest and poorest in society) and WHO mental health surveys. Countries such as the UK or USA, with the highest levels of income inequality, have high levels of mental health problems; others such as Japan or Belgium, with more equality of income, have lower levels of distress (see [www.equalitytrust.org.uk/mental-health](http://www.equalitytrust.org.uk/mental-health)). Of course, poverty itself is strongly correlated with a range of physical health and social problems, but Wilkinson and Pickett argue that the evidence is strongest for an association between the size of the income gap and mental and physical health (see also Burns, 2015). This is not to ignore the role of biology but, rather to emphasise that, as biological processes are in a constant interrelationship with the person and their environment, those processes can

often arise as the result of environmental causal influences (Cromby et al., 2013).

The causal influences most applied psychologists encounter in their everyday lives tend to be what the late David Smail termed 'proximal' causes (e.g. personal relationships, domestic and work situation, education, family). We tend not to consider what Smail termed 'distal' causes – economic climate, dominant political ideologies and the media (see the April 2014 special issue of *The Psychologist* for further discussion: <http://thepsychologist.bps.org.uk/volume-27/edition-4/charting-mind-and-body-economic>).

The influence of social factors has been increasingly recognised by leading cognitive behavioural researchers. For instance, in their text on paranoia, Freeman and Freeman (2008) discuss links between income inequality and distrust and call for 'governmental policies to reduce inequalities of wealth', the benefits of which would be 'lower levels of social exclusion, stress, insecurity – and paranoia' (2008, p.141). Similarly in a debate about the merits of cognitive behavioural therapy in the *British Medical Journal*, Nick Tarrier notes:

Much of mental distress no doubt has its roots in, or is at least exacerbated by, social deprivation and inequality and their psychological consequences. A good dose of social justice and redistribution of wealth would do the world's health a lot of good. In the meantime, any psychological treatment can only be a sticking plaster over the wound of such inequality... (Tarrier, 2002, p.292)

Why might income inequality be linked to psychological distress? Pickett and Wilkinson (2010) suggest that distress is affected by societal levels of trust and community life and that these, in turn, are worsened by income inequality. These processes are magnified in industrialised societies where the ability to consume is seen as a key aspect of identity and where a failure to meet perceived social status

norms can lead to exclusion (e.g. Croghan et al., 2006). Worryingly, UK income inequality – the so-called Gini coefficient – rose sharply in the late 1970s and has plateaued at a high level since 1990 (see [www.equalitytrust.org.uk/how-has-inequality-changed](http://www.equalitytrust.org.uk/how-has-inequality-changed)). A significant factor is that the income of the top 1 per cent and top 0.1 per cent of earners has outpaced other groups in society and, unfortunately, this money is often lost to the real economy.

Given the substantial evidence for the influence of social factors and negative life events on psychological distress, how ethical is it to predominantly focus on this 'sticking plaster' approach of individual treatment, rather than attempting to prevent these problems in the first place? If psychologists were to respond to distress with a fuller range of interventions than individual psychotherapy, what might they have to offer?

### Some suggestions

Although individual therapy is an important part of the tradition of applied therapeutic psychology, we are trained in a range of other skills. Jim White (2008, p.844) has argued:

Why are we so hung up on individual therapy? What about equally important care areas [for which psychologists are eminently suited] such as mental health awareness raising, early intervention and prevention, working with others, and delivering mental health help in varied media?

Other suggestions could include:

- | Improve epidemiological methods
- | Identify patterns and take action
- | Develop a range of preventative strategies and evaluate them
- | Consider different ways of delivering services

**Improve epidemiological methods**  
Much mental health epidemiology utilises



Countries such as the UK or USA, with the highest levels of income inequality, have high levels of mental health problems

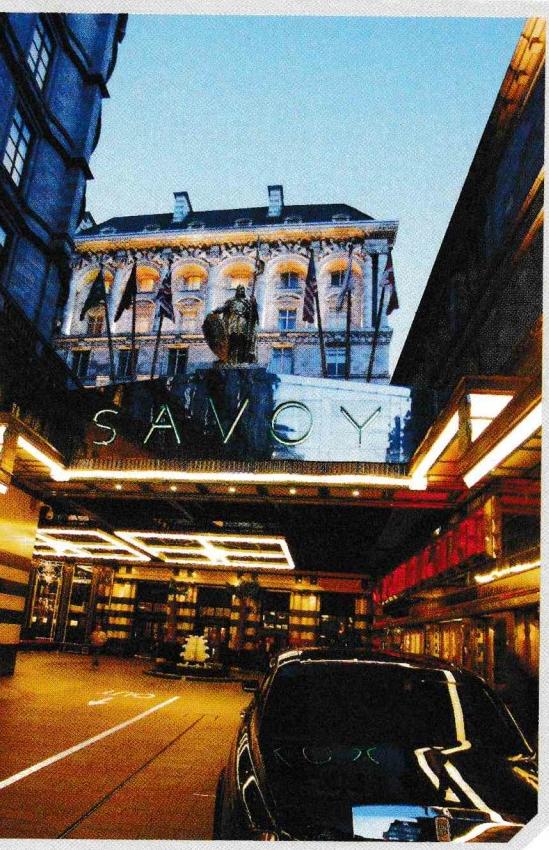
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Holmes, G. (2010). *Psychology in the real world: Community-based groupwork*. Ross-on-Wye: PCCS Books.
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functional psychiatric diagnostic categories, many of which are bedevilled by problems of reliability and validity. Psychologists could help improve epidemiological research by developing better survey methods, using more reliable and valid constructs.

#### Identify patterns and take action

At a population level, psychologists might follow the tradition of medical geography illustrated by the example of the physician John Snow in order to map the distribution of forms of distress. In the mid-19th century Snow was sceptical of the then dominant theory that diseases like cholera were caused by pollution or 'bad air', and following a number of deaths from cholera in the Soho district he talked to local residents in order to map the outbreak back to an infected water pump. His investigations helped to persuade the local council to disable the pump. If improving sanitation systems could lead to such improvements in physical health, what might be the analogous change in relation to mental health?

Perhaps we could take up Paul Gilbert's (2002) suggestion 'to have a "Defeat abuse", rather than "Defeat depression" campaign' (Boyle, 2003, p.30). Richard Bentall and colleagues (2014, p.1011) write that 'childhood sexual abuse has been particularly implicated in auditory-verbal hallucinations, and attachment-disrupting events (e.g. neglect, being brought up in an institution) may have particular potency for the development of paranoid symptoms'. So as well as helping children to become more resilient, we could also try to reduce the incidence of childhood



The income of the top 1 per cent and top 0.1 per cent of earners has outpaced other groups in society

sexual abuse. How could we use our research-based knowledge and theory to achieve such a goal?

Psychologists could advocate for changes to policy and legislation much as physicians and health campaigners have done in relation to smoking. We could influence the current climate of ideas by engaging policymakers both directly and indirectly through think tanks and the media (including social media).

Of course, there are conceptual and methodological challenges associated with interpreting the implications for the individual of epidemiological research (Burns, 2015). We would need to work with local authorities (e.g. Kinderman, 2014) and a wide range of agencies and planning infrastructure. We can look to

history for encouragement: in the mid-19th century Dr William Henry Duncan became the country's first Medical Officer of Health, appointed following the Liverpool Sanitary Act of 1846. He worked closely with engineers and public officials to improve sanitation so that 'the worst of the sanitary evils were swept away' (Chave, 1984, p.68), leading to dramatic reductions in mortality rates.

#### Develop a range of preventative strategies and evaluate them

Much exciting and innovative preventative work is going on (see, for example, Newton, 2013), but much more needs to be done in developing new approaches to prevention and evaluating them (e.g. in developing safer, more nurturing and trusting neighbourhoods). In order to facilitate this, though, research priorities and service commissioning incentives need to change.

A 2013 report by the government's Chief Medical Officer lamented the paucity of preventative research in mental health, but a key problem is that research funders do not prioritise it. The charity MQ (2015) recently reported that, in relation to depression research, £2.71m was spent on aetiology, £1.05m on treatment but only £0.3m on prevention. Similarly, for psychosis research, £1.67m went to aetiology, £0.3m on treatment with only £0.19m spent on prevention. A great deal of aetiological research is primarily bio-genetic rather than psychosocial, and Bentall and Varese (2012) have argued that the latter is judged by tougher standards than the former. If we are to understand interpersonal and social processes in

Clinical Psychology, Clinical Psychology: Science and Practice 19(1), 1-12.

Pickett, K.E. & Wilkinson, R.G. (2010). Inequality: An underacknowledged source of mental illness and distress. *British Journal of Psychiatry*, 197(6), 426-428.

Price, C. (2015, 5 June). Government announces £200m cuts to public health budget. [tinyurl.com/jn66v3l](http://tinyurl.com/jn66v3l)

Psychologists Against Austerity (2016). *Improving public discussion about inequality: A briefing paper*. London: Author. [tinyurl.com/jxsmhad](http://tinyurl.com/jxsmhad)

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Read, J. & Sanders, P. (2010). *A straight talking introduction to the causes of mental health problems*. Ross-on-

Wye: PCCS Books.

Social Exclusion Unit (2004). *Mental health and social exclusion*. London: Office of the Deputy Prime Minister.

Tarrier, N. (2002). Commentary: Yes, cognitive behaviour therapy may well be all you need. *British Medical Journal*, 324, 291-292.

Timimi, S. (2004). Developing nontoxic approaches to helping children who could be diagnosed with ADHD and

their families. *Ethical Human Sciences and Services*, 6(1), 41-52.

White, J. (2008). Stepping up primary care. *The Psychologist*, 21, 844-847.

Wilkinson, R. & Pickett, K. (2009). *The spirit level: Why more equal societies almost always do better*. London: Allen Lane. For slides see: [tinyurl.com/5s6vqj1](http://tinyurl.com/5s6vqj1)

families, groups and communities whilst remaining sensitive to the varied subjective personal and cultural meanings of experience, we will need to involve service users and engage in more pluralistic and multidisciplinary research. We will also need to influence NHS commissioning incentives so that community-based preventative initiatives are rewarded, not just individual therapy.

#### Consider different ways of delivering services

In the shorter term, psychologists from a range of theoretical traditions might also consider ways in which they could deliver therapy differently – for example, what might a preventative intervention informed by a socially contextualised cognitive behaviour therapy look like? Could individual therapists adapt ideas

from community psychology (see box)?

Psychologists could start by going out more to where people conduct their everyday lives (e.g. where they live, study or work). We could encourage more 'bottom-up' rather than expert-driven 'top-down' approaches, like supporting the development of self-help and peer support groups. And we could seek to reduce income inequality. This requires action in the political realm, not only as individual citizens but also using our knowledge and status as professionals who are familiar with this research and the pernicious effects social injustice has on the lives of those who use our services (Mallinckrodt et al., 2014).

Of course, psychologists may feel powerless to influence such distal factors, but it is important to remind ourselves

that change is possible. Think of the social changes that have occurred in recent years where new social norms have developed in relation to attitudes about sexuality or, in the health field, in relation to smoking. The public appears to hold unfounded and contradictory beliefs about income inequality, poverty and welfare fraud, perhaps influenced by negative media coverage. How might psychologists intervene to better inform public debate to support policy moves to reduce inequality? *Psychologists Against Austerity* (2016) offer some research-based suggestions.

#### Problems and prospects

It is important to note that I am not arguing for the abandonment of individual therapy – it has a legitimate place as an intervention. Rather, as others have argued, it is probably never going to be available for all those who need it for as long as they need it. My argument should also not be interpreted as a justification for cuts to current services. Rather, we need significant investment in prevention in addition to current services, together with a transformation in those services (e.g. so they are incentivised for preventative work as well as reactive ameliorative work). I am also not intending to criticise the work of the many psychologists involved in providing individual therapy. They are doing a difficult job in challenging circumstances – indeed, many psychological therapists themselves are feeling under significant stress as a result of increased targets and cuts to services (British Psychological Society, 2016).

Some psychologists may say that they do not have the skills to engage in these types of activities or they may feel that, without increasing demand for psychological therapy, there will be no funding for psychology posts. Jim White argues that psychologists 'are worth the money as long as we exploit all our skills, not just the therapeutic ones' (White, 2008, p.847). Many applied psychologists may see their disciplines as synonymous with individual psychological therapy, but our work has changed radically over time (Hall et al., 2002), and the increasing centrality of therapy is the result, at least in part, of advocacy by professional bodies and NGOs. Humphreys (1997) argues that we could engage policy makers in a similar fashion to advocate for the adequate funding of public mental health. The government's recent announcement of a £200m cut to public health budgets (Price, 2015) makes the need for such advocacy even more urgent.



## A community approach

Sue Holland is a clinical psychologist who developed a small women's mental health project on a council housing estate in White City in West London in the 1980s. It followed a three-stage model where individual therapy was nested within group- and community-based approaches:

1. Assessment followed by 10 weekly sessions of psychodynamic psychotherapy helping the women to understand their subjective experience and to understand the meaning of their 'symptoms' (e.g. as understandable reactions to their life experiences).
2. Groupwork with other women where each person's individual experiences were shared and often common themes in the women's experiences emerged.
3. In a more transformative stage, many of the project's participants set up a self-help counselling and advocacy group called Women's Action for Mental Health which enabled them to challenge the wider 'social systems and structures that... limit people's needs and choices' (Holland 1992, p.72).

Holmes's (2010) 'Psychology in the Real World' project adapted Holland's model as a way of conceptualising all types of groupwork: people learnt how to cope with individual problems but then moved on to exploring the roots of their problems, subsequently taking action to transform local communities and aspects of national and international policy that are 'the causes of the causes' of distress.

For more community psychology, see <https://thepsychologist.bps.org.uk/festival-community-psychology>



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# Leicester's lesson in leadership

S. Alexander Haslam and Stephen D. Reicher suggest a leader is not 'the special one' but 'the one who makes us special'

The one most important word: 'We'  
And the least important word: 'I'  
('Idea 42: A very short course on leadership': Adair, 2009, p.101)

It is probably in our history classes at school that we are first exposed to the idea of leadership. And, most likely, this encounter serves to couple the concept closely with notions of heroism. Think Elizabeth I, Churchill, Aung San Suu Kyi, Wellington, Gandhi, Mandela. Of course, there is a dark side here too (Hitler, Pol Pot, Stalin) but, nevertheless, from an early age we are encouraged to see leaders, above all else, as individuals with some special quality that eludes ordinary mortals.

And so, when we aspire to become leaders ourselves, the question in our head is characteristically whether we too have that special quality. Are we made of the right stuff – a stuff that allows us to outshine mere followers? It is a highly profitable view, both for those who run costly training courses to help us discover our inner leader and for leaders themselves who can use the idea of exceptional qualities to justify exceptional salaries. It was not for nothing that former Chelsea FC manager José Mourinho styled himself 'the special one'.

But then again, perhaps

it was. For the point at which Mourinho became convinced that he was 'special' appears to have been the starting point for his decline. Indeed there is a long history of leaders whose success seduced them into thinking that they were above everyone else, who came to believe that they alone knew what to do, and who thereby transformed success into failure. Hubris. Think Tony Blair.

The problem, then, is not simply that it is wrong to think of leadership solely in terms of the characteristics of the individual leader, but that by doing so we actually compromise performance and organisational effectiveness.

The simple reason for this is that, as Warren Bennis has repeatedly observed, leaders are only ever as effective as their ability to engage followers (e.g. Bennis, 2003). Thus, however great their vision, leaders are more likely to be dismissed as

lunatics than lauded as heroes if they cannot convince others both to share their vision and to work hard to translate it into material reality. Without special followership, special leadership is nothing.

The task of the leaders, then, is not to impose what they want on their followers, but to shape what followers want to do for themselves. In order to achieve that, leaders can't succeed simply by stating what they themselves believe. Instead they must shape and articulate what they and their followers jointly believe. And to do this, they must start by listening. The problem with those who are so fixated on their own brilliance and who are so captivated by the sound of their own voice is that they never hear the voice of others. And as a result they lose any ability to craft a common voice. In short, then, the key to success in leadership lies not in an old psychology fixated on the individual 'I'. It lies in the collective 'We'.

To see this in action it is instructive to move to Leicester – as the BPS did when it moved its head office in 1976 and, more famously, as Claudio Ranieri did when he took on the manager's job at the now world-famous football club in 2015. Coming into the job, pundits were sceptical to say the least. Leicester City had narrowly avoided relegation the previous season, and were 5,000-1 shots for the title. (To give context, it was

considered five times more likely that the Queen would have a Christmas number one single). Ranieri had a terrible reputation as 'the Tinkerman' – a reputation cemented while he himself had been the manager at Chelsea and had contrived to throw away a Champions League semi-final through an unnecessary substitution in the 62nd minute of the



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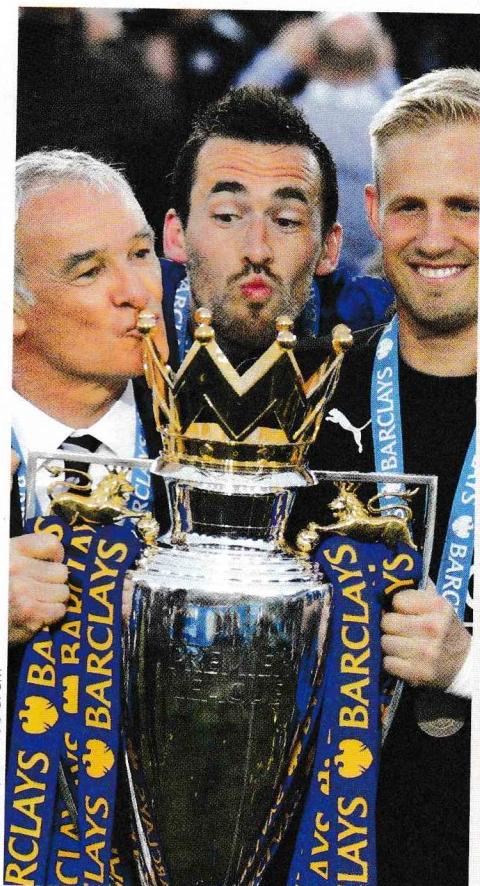
## How stars make a team implode

We live in an era when it is common for organisations to look to improve performance by importing great stars and expecting them to lead others to greatness. In business, in sport, even in academia, the logic is that buying in talent will boost the profile and fortunes of the team and elevate them in relevant league tables. But is this correct?

Reviewing the evidence for this hypothesis with reference to the leadership literature, Hollander (1995) argues that in fact the presence of highly paid 'stars' more typically fosters a sense of inequity and unfairness within the team and that this ultimately compromises group cohesion and effectiveness. Amongst other things, he bases this conclusion on evidence that the discrepancy between the remuneration of those in leadership positions and rank-and-file members of an organisation tends to be negatively correlated with organisational performance.

This analysis was subsequently supported by Matt Bloom's (1999) classic study of 29 major league baseball teams in the US and Canada. Over an eight-year period he observed that a high level of intra-team disparity in pay (typically associated with the introduction of a few highly paid stars) led to a dramatic reduction in both individual and team performance. As he concluded: 'These data raise questions about the efficacy of raiding high-priced talent' and explain why attempts 'to buy success by purchasing the potential performance of high-priced talent have met with mixed results at best.' (p.38). As Claudio Ranieri's experiences at Leicester suggest, they also imply that working to unify a team around the talent one already has will represent a better return on investment. Indeed, in his first press conference after winning the Premiership, Ranieri said: 'I don't want the big names here, I don't want to break the dressing room. My lads are special... we want to grow up together.'

It is also notable that virtually all of Leicester's squad are 'bargain basement' signings who had been rejected or overlooked by other clubs. Was their evident team spirit forged around a shared sense of rejection? Whatever the basis of the bond, it was powerful: as the celebrations got under way, full-back Danny Simpson tweeted 'I swear to god I fucking love this team. You don't understand. No one does...'.



NIGEL FRENCH/EMPICS SPORT

game that 'destabilised his team so badly they threw away a winning hand' (Wilson, 2016). Why did he do this? We don't know for certain, but, as Wilson notes, one possible reason was that he was 'tempted into an eye-catching substitution to emphasise his agency'. Far from shining light on his skills as a brilliant leader, tinkering was his undoing.

Yet Ranieri's passion for tinkering was hardly a solitary one. Indeed, his actions mimic those of many a corporate manager whose penchant for restructuring belies a desire to show the world what a great leader they are. Reviewing such enthusiasms in the medical world, Jeffrey Braithwaite and his colleagues describe

this 'restructuring as gratification' as a toxic blight on the organisational landscape (Braithwaite et al., 2005) – noting that: 'Evidence for this making a difference, let alone demonstrably improving productivity or outcomes, is surprisingly slender... Where there are studies, they challenge rather than support restructuring' (p.542).

By the time that he arrived at Leicester, this was a lesson that Ranieri had learned the hard way. No longer was his coaching a matter of imposing his personal will on the team; rather it was a matter of helping the team discover and impose their *collective will*:

When I spoke with the players I realised that they were afraid of [my]

tactics. They did not look convinced, and neither was I. I have great admiration for those who build new tactical systems, but I always thought the most important thing a good coach must do is to build the team around the characteristics of his players. So I told the players that I trusted them and would speak very little of tactics. ... They so need to be relaxed and not harassed. They expect calm and respect in the dressing room, so if you want to be a prima donna, they won't forgive you for it. (Percy, 2016)

It helped in all this of course, that within the Leicester team he had no 'star players' or runaway egos to manage and that he had inherited a squad that understood all too well that if they were to succeed this would be a collective not an individual achievement. Hence when Riyad Mahrez stepped up to receive the 2015/16 PFA Player of the Year Award he announced: 'All the credit is for [my teammates], seriously. And my manager and the staff. Without them I wouldn't receive this award and I wouldn't score. It's the team spirit. I want to dedicate it to them.'

Of course, this is the stuff of media training on which all professional

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sportswomen and men now diet. The difference was that Mahrez meant it – and we know he meant it. For Leicester City is a team that dines ravenously on we-ness and Ranieri is now head chef.

Importantly, though, we-ness is not just a recipe for football. Amongst other things, that is why, as the democratic involvement of the citizenry has increased over the last century, the three words whose use has increased most dramatically in State of the Union Addresses are 'we', 'American' and 'people' (e.g. see Sigelman, 1996). Leaders move their listeners not when they talk about themselves as individuals, but when they speak as the voice of the people.

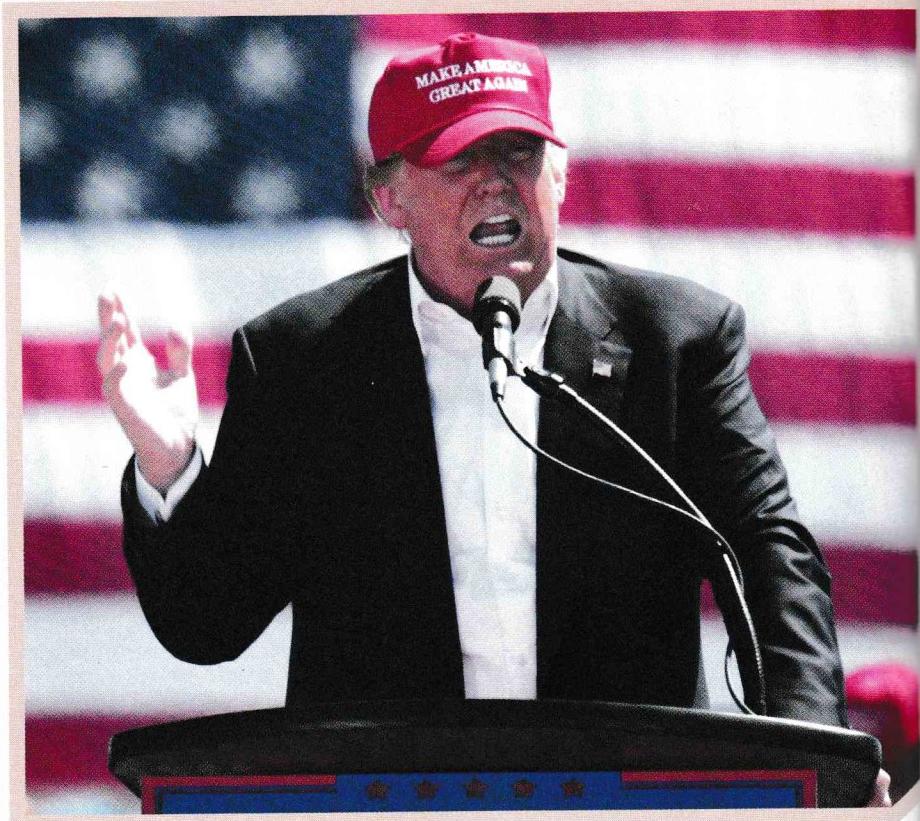
This point is confirmed in a study led by Nik Steffens that forensically picked over the content of the election speeches made by leaders of the main Australian political parties dating back to Federation in 1901 (Steffens & Haslam, 2013). Leaders who went on to win the election used the words 'we' and 'us' once every 79 words, whereas losers only used these same words once every 136 words. Moreover, in 34 of 43 elections the winner was the candidate who invoked the idea of 'we' and 'us' more frequently.

The importance of speaking for the group is at the heart of what we refer to as the 'new psychology' of leadership (Haslam et al., 2011). More formally, we argue that leadership emerges from a relationship between leaders and followers who are bound together by their understanding that they are members of the same social group. An American President is bound to the electorate by

'I first got interested in leadership about 20 years ago when I was asked to give some lectures on the subject to organisational psychology students. My background was in the study of groups and identity, and I was immediately struck by two things. First, that these were incredibly relevant to leadership dynamics but, second, that they were largely overlooked by leadership theorists – whose perspective on the topic tended to be hyper-individualistic. After this, the more applied work I did, the more fired up I became about the need to tell the true story about leadership as a group process.'



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**What matters for Donald Trump to succeed is not that he be a man of the people, but that he is seen to be a man of the people**

being seen to be prototypical of an American identity they share. Managers can be leaders only to the extent that those they manage see themselves – and identify with – the organisation or organisational unit that is being managed.

In these terms, the primary task of leadership is not to cultivate a sense of one's own superiority or specialness. Rather it is to forge, promote and embed a sense of shared identity. Leaders, as we have put it, are *entrepreneurs and impresarios of identity* (Reicher et al., 2005). What they communicate will be influential only to the extent that they speak to, and help entrench, a collective viewpoint. To be more specific, our ongoing research suggests that leaders need to communicate three things:

- I that they are *one of us* – that they share our values and our concerns and understand our experience;
- I that they are *doing it for us* – that their efforts are aimed at advancing the good of the group; and
- I that they are *making us matter* – that their actions and achievements are a practical expression of our shared beliefs and values.

There are many ways in which leaders can communicate their group membership. The most obvious will be through what they say about themselves – especially about their background and

childhood. For instance, in the first ever active campaign for the US presidency, William Henry Harrison's supporters characterised him as the 'log cabin and hard cider' candidate – a rough-and-tumble man of the people – as opposed to Martin Van Buren who was depicted as wealthy and effete (Whitcomb & Whitcomb, 2002). No matter that, in fact, Harrison was rich and van Buren poor: Harrison won by a landslide. Likewise today, what matters for Donald Trump to succeed is not that he be a man of the people, but that he is seen to be a man of the people, or at least, as an embodiment of the American dream (so different from 'those other politicians').

Returning to football, though, it is clearly the case that foreign managers often face an uphill struggle to be seen as insiders not outsiders (Sygall, 2013). This, then, is something they need to really work at. The importance of this was something that the Dutch coach Guus Hiddink recognised all too well when he arrived in Australia for what would turn out to be a very successful spell as national coach (taking them to the knockout stages of the World Cup before they were controversially beaten 1–0 by the eventual winners, Italy). Commenting on Hiddink's approach to the task, the Australian Assistant Coach Graham Arnold observed:

The thing that really stood out for me

with Guus was that he was a marvel at wanting to understand the Australian mentality. He didn't want to change anything. He frequently said to me 'I need to become Australian. They don't need to become Dutch'. He just wanted to improve what we were already good at – the never-say-die attitude – he didn't want to change us. A foreign coach works when they buy into it, when they try to really understand what we're about. (cited in Sygall, 2013)

This is clearly a copybook from which Ranieri has taken several leaves.

Indeed, from his first day as manager he was keen to make it clear that it was not he who was special but the team (and league) that he had come to serve. As he announced in an interview on Leicester City's website:

For me it was really important to come back to the Premier League. I've missed the Premier League, I've missed English football. English football is special – the fans, the crowd, the atmosphere is very warm in every stadium. I love the respect in England.

But identity is not just a matter of words. Most importantly of all, we communicate who we are by what we do – and by what we are seen to do. Shared identity needs to be walked as well as talked. Anything that divides leaders from followers, and that undermines their claim to be 'one of us', equally undermines leadership effectiveness. It was often said in the past that the curse of British industry was the Directors' canteen. In the present their pay is more likely to be the source of toxicity. For as managers pay themselves too much compared to workers, productivity goes down (in universities too: the greater the differential in salary between a Vice-Chancellor and ordinary staff, the worse the research assessment outcome).

A while back, we did a very simple little study. We asked students at the beginning of the year whether they thought they were a good leader. Then, at the end of the year, we asked who they thought, amongst their number, actually was a good leader. The findings were striking. Those who thought themselves to be leaders from the start were least likely to be chosen as leaders down the track. Why? Because a fixation on the self got in the way of learning about the

group and ultimately being able to represent it.

This is a salutary warning against a romantic model of leadership that glorifies 'I' to the exclusion of 'We'. It is a powerful illustration of the dangers of falling in love with one's own reflection. It is a lesson that is relevant not only to students, but to political and business leaders as well.

And it is also relevant to football. José Mourinho's failures follow a trajectory from 'We' to 'I'. It is a trajectory that lost him the support of his followers both on the pitch and

on the terraces. Just ask a Chelsea fan.

In total contrast, Ranieri's redemption follows a trajectory from 'I' to 'We'. That is the source of the efforts and energy that have driven his team to success. It underlies their joint ability to make history and could be seen clearly in the faces of Leicester fans – and residents of Leicester – as the Premiership trophy was lifted.

"Without special followership, special leadership is nothing"

'Just like Molière's Monsieur Jourdain, who didn't realise he was speaking prose, for a long time I didn't realise I was studying leadership. I came from the study of crowd behaviour, which led to an interest in mass social influence and collective mobilisation. As an activist as well as an academic, I was fascinated with political rhetoric – at its best a combination of poetry and stand-up comedy. I began to analyse how effective mobilisers used social categories to define their audience, define themselves and define their relationship. I was fascinated with the idea of such mobilisers as *entrepreneurs of identity*. And then it was pointed out to me that actually, this was leadership (albeit not in the organisational contexts that tend to predominate in this area). Now I look back, it seems quite obvious that I had been looking at leadership all along.'

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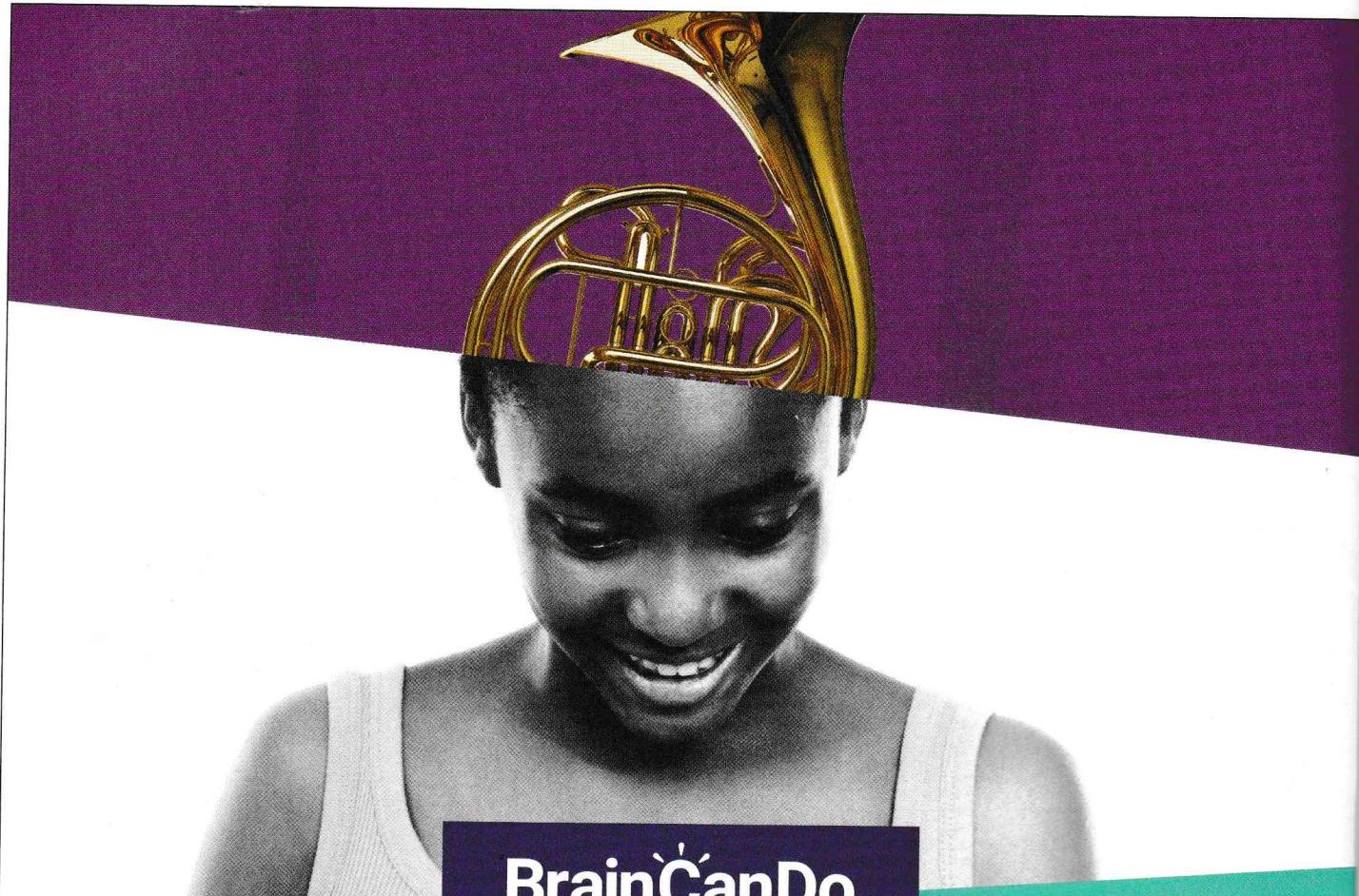
## A wider impact?

Will the city of Leicester change now Leicester City are champions? Certainly, many claim that there are such effects. After West Germany won the World Cup in 1954 there was a sense that the country now had something positive to unite around and be proud of. Equally, when France won the 1998 World Cup under the leadership of Zinedine Zidane, it was said to herald a new embrace of diversity and multiculturalism at the heart of French identity. And now, in 2016, the Bishop of Leicester, Martyn Snow, asserts that 'the impact of this [victory] on the city and the country is huge and will last for many years to come'. Are these claims fact or fanciful thinking?

That is an issue that we – a joint team from the Universities of Canberra, Queensland, Otago and St Andrews, coordinated by sports psychologist Katrien Fransen from the University of Ghent – are in the midst of investigating. Earlier this year we took advantage of the Rugby World Cup final to conduct longitudinal surveys and diary studies in the countries of the two finalists: Australia and New Zealand. Our supposition was that victory would be a moment when everyone could imagine their compatriots sharing the same thoughts and feelings. This would allow them to talk to anyone, even complete strangers, knowing that they would respond positively. You could go into that corner shop you have been in daily for years, but for the first time say to the server 'Wasn't that fantastic last night!', knowing they would smile and answer positively.

It is still early days in the analysis, but what is clear for now is that, in victorious New Zealand, the quality of interactions did indeed improve after the final, as did people's sense of self-efficacy, and their sense of well-being. This matches a pattern we have found elsewhere in our studies (with Nick Hopkins) on the effects of collective participation: emergent shared identity creates a sense of intimacy with other group members and the expectation of continuing support from them. This in turn affects physical as well as mental wellbeing.

Will it endure? We shall see. At the very least, it is clear that such events define an important research agenda, one which addresses the various ways in which collective experience shapes our everyday psychology and even our everyday physiology.



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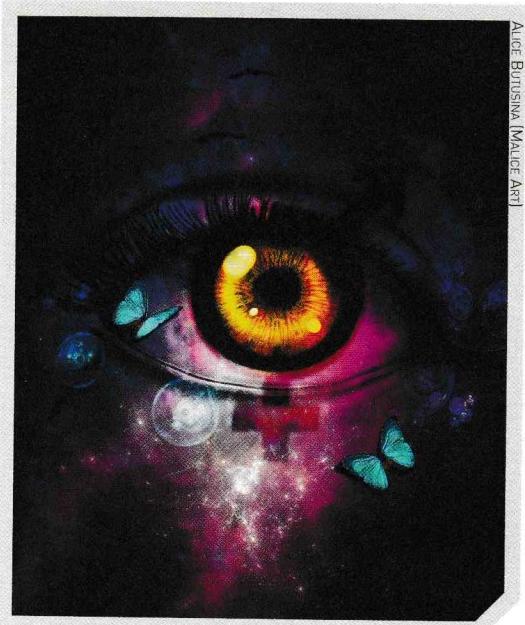
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# Brain injury and crime

Ryan Aguiar suggests that neuropsychology needs to think differently

**O**n 1 August 1966 former US marine Charles Whitman killed 16 people and wounded 32 others by firing rifles, a shotgun and handguns from the 28th floor observation deck of the Tower of the University of Texas in Austin. The shooting spree lasted well over an hour and ended only when Whitman was shot dead by an Austin Police Force officer.



Alice Butusina | Malice Art

The integrated theory of sexual offending from Ward and Beech (2006) is an example of a framework that could incorporate neuropsychological variables into offending behaviour

Later it became known that several hours prior to the shooting from the Tower, Charles had already killed his mother and his wife, leaving behind notes giving the reason for his actions.

What makes this tragic event of interest from a neuropsychological perspective is that at autopsy, Charles Whitman was found to have an astrocytoma (a brain tumour) in the region of the amygdala (a small almond-shaped structure involved in, among other things, emotion regulation and the fight-and-flight response). Predictably, psychiatric and neurological opinion on the relationship of the tumour to Whitman's actions on that day remained irreconcilable. Nearly 50 years on from the discussions at the Connally Commission, are we any closer to clarity on the relationship of neuropsychological factors to violent offending behaviour? Despite the advances in neuroscience, in particular affective neuroscience, do we have robust neuropsychological models to understand violent offending behaviour?

## Why should crime matter to neuropsychology?

Quite simply, brain injury, like mental illness and substance misuse, is overrepresented in the prison population relative to the population in general. There is a growing recognition of the significance of brain injury within

incarcerated populations (Williams et al., 2015). Research across different cultures and age groups has shown a link between brain injury and offending, with longitudinal studies identifying early life brain injury as a risk factor in offending during later life (Hughes et al., 2015; Leon-Carrion & Ramos, 2003).

Yet with our present state of knowledge we are far from establishing a causal link between brain injury and offending behaviour. At best our current understanding allows us to identify some risk factors for offending behaviour present in individuals living with brain injury. One such factor is cognitive impairment – in the form of impaired executive function, learning, working memory and communication (Cohen et al., 1999; Wood & Liossi, 2006). Another factor is the loss of inhibition and self-regulation arising out of damage to the orbitofrontal and ventromedial areas of the frontal lobes – resulting in impulsivity, lack of interpersonal sensitivity and impulsive reactive aggression (Blair 2001; Blair & Cipolotti, 2000; Brower & Price, 2001; Fuster, 1999). There is also a view that this loss of executive control arising from damage to the anterior brain results in loss of a natural bias away from aggression and towards more appropriate alternative responses (Berthoz et al., 2002; Blair, 2001). More complex models looking at social competence and social information processing impairments (see Yeates et al., 2007) have been put forward to provide a framework to explore the relationship between aggression and brain injury (Ryan et al., 2015).

## A deficit focus

I would argue that our view of the brain injury/offending behaviour relationship is far too narrow. This relationship is generally seen as arising out of a 'deficit or impairment', either in cognitive abilities, inhibitory control and regulation, stimulus response reversal learning, and in affective-empathetic responsiveness. The search for that

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underpinning neuropsychological variable risks reducing the complexity of offending behaviour in brain-injured people to a linear relationship between impairment and offence. To balance against this, studies in this area do acknowledge the role of socio-economic factors, personality variables and environmental influences on offending behaviour. However, the absence of a unifying framework makes it difficult to integrate the neuropsychological variables into a coherent model.

I argue this very point when calling for a social cognitive approach to aggression post-brain injury (Aguiar, 2013). There is already a matrix of risk factors that are well-established and known to underpin offending behaviour, and neuropsychology must work out how its own variables can be incorporated. The offender's historical and dynamic risk, the contextual factors that precede an offence (such as the offender's criminogenic needs) and clinical issues (such as paranoia, emotional instability or indeed impulsivity) are surely vital.

The integrated theory of sexual offending from Ward and Beech (2006) is an example of a framework that could incorporate neuropsychological variables into offending behaviour. It allows for an exploration of the confluence of biological, ecological (social cultural and personal circumstances) and neuropsychological factors that continuously interact with each other to prompt, maintain and escalate offending behaviour.

A framework like this could enrich neuropsychological inquiry into offending behaviour in many ways. It allows the clinician to explore how factors antedating any neuropsychological event influenced the development and function of the neuropsychological system (e.g. ADHD, childhood brain injury, autistic spectrum disorders). It allows us to explore how – in the context of such developmental factors and ecological variables – damage to neuropsychological function alters the person's functioning to

produce a distinct set of clinical symptoms, such as explosive rage, impulsivity or deficits in empathy, that lead to offending behaviour. Most importantly it provides a valuable framework to explore the developmental trajectory of offenders with childhood brain injuries as against those with adult-onset brain injury. Researchers and clinicians can now pursue an alternative line of inquiry when faced with an offence committed by an individual with brain injury. Would the neuropsychological factor in question exert the same influence on the person's behaviour if they had a different set of historical, dispositional and clinical risk factors? This approach would provide valuable insights in the management and rehabilitation of the brain injured offender.

### Back to Charles Whitman

The challenge for such an integrated model is to test it within the legal context of criminal responsibility and mitigation.

Returning to the case of Charles Whitman, it comes as no surprise that the medical community at the time was unable to reach a consensus on the significance of the astrocytoma to his actions on that fateful day. The absence of a robust model to incorporate neuropsychological factors into a fuller explanatory framework was always going to risk polarising medical opinion into either over- or under-attributing a causal link for the astrocytoma. Charles Whitman had bouts of intense rage in the year preceding the shooting spree. A University of Texas campus psychiatrist

## Meet the author

'As a clinical neuropsychologist working in a forensic setting, I am often called on to prepare reports for the courts on criminal matters involving offenders with brain injury. I am struck by how many of my colleagues in the field of neuropsychology, clinical psychology and psychiatry fail to integrate the evidence from neuropsychology and forensic psychology when expressing opinions about the brain-injured offender. As a consequence the offender's neuropsychological factors are at times overemphasised at the expense of other factors that underpin their offending behaviour. I believe this chasm reflects the lack of convergence in the neuropsychology and forensic psychology literature in the case of brain injured offenders. The need to integrate the two fields is even greater when working clinically with the brain-injured offender.'

'I would like this article to stimulate more joined-up working between the academic and clinical fields of neuropsychology and forensic psychology. I would like to see more scientific publications and conferences that pull together the psychology of offending behaviour and neuropsychology to advance the field of forensic neuropsychology so that we have a better understanding of risk, offending behaviour and treatment of the offender with brain injury.'



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Charles consulted wrote '...oozing with hostility...something seemed to be happening to him and that he didn't seem to be himself'. Dr Heatley, the psychiatrist Charles Whitman consulted, further noted: 'He readily admits having overwhelming periods of hostility with very minimum provocation.' There is little doubt that the astrocytoma impinging on the amygdala was

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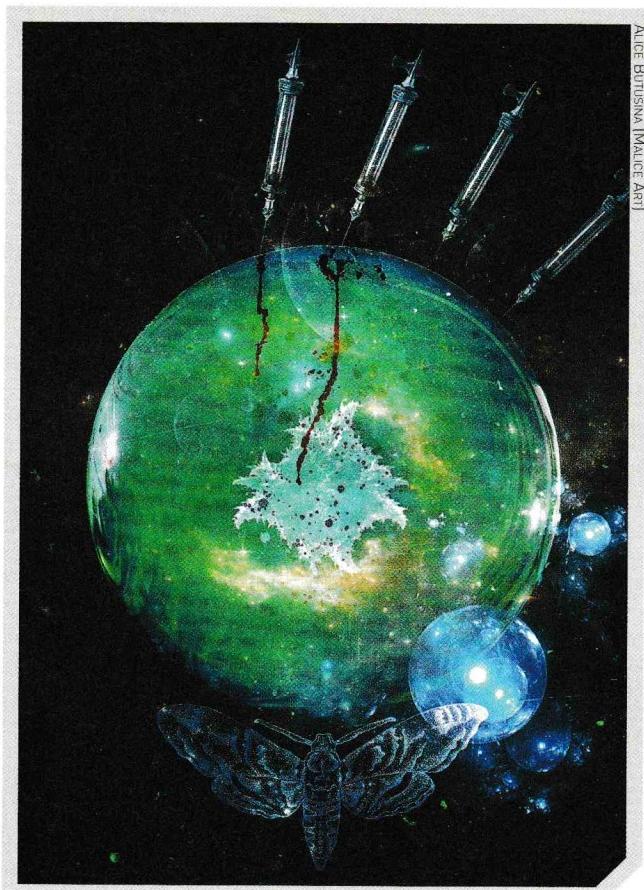
Yeates, K.O., Bigler, E.D., Dennis, M. et al. (2007). Social outcomes in childhood brain disorder. *Psychological Bulletin*, 133(3), 535–556.

significant in these rage attacks. The link between the two is well established (Blair, 2007; Blair, 2010; Pardini et al., 2014). However, was rage alone sufficient to result in the systematically planned violence, first on members of his own family and then random members of the public?

Working from the framework above, one can incorporate a number of factors in his background into a formulation of Charles Whitman's violence that August day. His life was certainly not an ordinary one: from witnessing severe domestic violence between his parents from a young age, to being subjected to physical and emotional abuse from his authoritarian father and then being financially dependent on him, to having had exposure to guns from a young age and abusing amphetamines and prescribed dextroamphetamine, to being expelled from the Marines, an identity he so cherished. Against this developmental backdrop, in the months leading to his killings, Charles was under quite a lot of stress from the difficult break up of his parents' marriage, his persistent headaches and bouts of rage (possibly related to the astrocytoma).

Charles knew something was wrong with him. He wrote in his suicide note about 'being a victim of many unusual and irrational thoughts'. He also wrote that he wanted an autopsy to be conducted upon his body to determine if there was a biological reason for his headaches and his aggression.

We will never really know what lay behind Charles Whitman's actions that day. However, what his case points to is the multifactorial nature of violent crime. To use linear models (albeit well-informed ones) to account for such behaviour in individuals with neuropsychological impairment would leave our understanding of risk in this group of offenders incomplete. An integrated model will allow us to pull together a much richer formulation by bringing neuropsychological thinking into forensic evaluations of the offender with brain injury. Ultimately, irrespective of the putative value of the astrocytoma to his actions on that day, had Charles Whitman survived the shooting, society would still need to judge his actions and make a



One can incorporate a number of factors in his background into a formulation of Charles Whitman's violence that August day

judgement on his future risk. At that point, society would expect greater convergence in professional opinion.

### Meeting complex needs

To turn the focus back to neuropsychology, what effect would advancements in our knowledge of neuropsychology and affective neuroscience bring to bear on Charles Whitman's case had it occurred in the present and he survived to face trial? First, let's rule out a verdict of 'not guilty by reason of insanity'. The level of planning and organisation that went into the killings and the murder of his family prior to the shooting leave little doubt about Charles Whitman's intentions. Yet there is also little doubt that he was suffering. Had he not had the astrocytoma and the accompanying episodes of rage and headaches, would things have turned out differently? This is not to absolve Whitman of responsibility for his actions on that day. However I do believe that in the present day, his defence team would have a strong case to present evidence in

mitigation based on what we now know about the relationship between the amygdala and emotional function.

As for Whitman's sentence, there would be a compelling case for his detention in a secure psychiatric hospital rather than prison. A hospital order would allow for treatment of the tumour and a thorough evaluation of its impact on his behaviour post-treatment, his risk and ultimately the effect it would have on protecting the public. Further his detention in hospital would allow for a full evaluation of the various factors that came together to result in his actions on that fateful day, including the relationship between the neuropsychology of his tumour and the volitional and executive control (Kröber, 2009) he might have exerted over his actions. It is here that an integrated model would have maximum impact.

Irrespective of the putative role of neuropsychological factors in criminal offences, psychological intervention must still address the coping and problems-solving skills of the offender, their attitudes to the offence and to violence, build their emotion regulation skills, and increase their understanding of any underlying mental illness. This is an essential part of the forensic risk-reduction intervention. The neuropsychological impairment of offenders with brain injury adds an extra layer of complexity to these cases, which simply cannot be met within the prison service. This is a role for clinical neuropsychologists within specialist secure psychiatric hospitals. Clinical neuropsychology must step assertively into the field of forensic mental health care and claim its rightful expertise in the assessment and management of offenders with brain injury.

Ultimately as psychologists, in cases such as this, we are faced simultaneously with 'an offender' 'the legacy of brain injury' and 'risk'. At the heart of all three is an offence or a potential offence, and the need for public protection. If we do not have the appropriate psychological models to address all three, we will find ourselves falling short in our ability to meet the needs of these complex cases.



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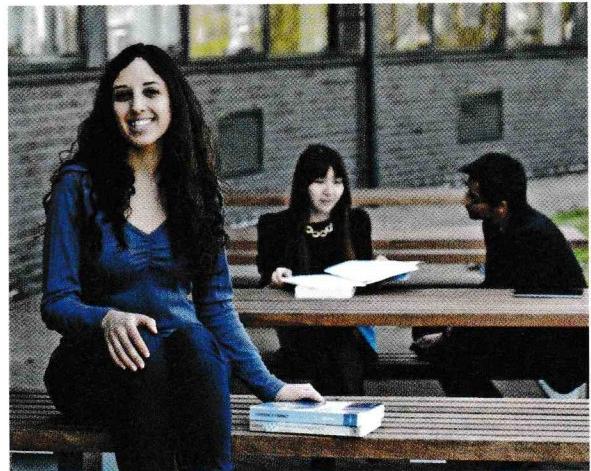
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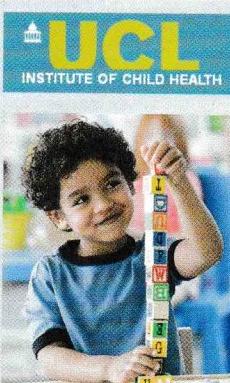
  
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# 'What shall I tell my child?'

Dr Khadj Rouf interviews clinical psychologist Dr Jemma Hogwood about her work with survivors of the Rwandan genocide

I'm visiting Rwanda for the first time and it's an incredible experience. How did you come to be here?

Rwanda is an amazing country and has come so far in the 22 years since the genocide. I trained as a clinical psychologist at University College London, and initially came to Rwanda with the intention of being here for six

during the genocide. She set up the organisation to support survivors, offering a range of services from education to employment, legal rights to income generation, health care to housing.

Like many people, my perceptions of the country have been shaped by

psychological damage and deliberately infect women with HIV. Many became pregnant as a result of the rape. The numbers of children born due to rape is thought to be between 10,000 and 25,000 but no one knows the exact figures because of underreporting.

Many women felt unable to speak about what happened to them because of shame and social stigma. The impact of rape is multiplied if a woman becomes pregnant, and the destruction of the social fabric here robbed many of the support they needed to rebuild their lives; many people lost relatives, friends and other sources of support.

Whilst there's a human rights and legal literature around gender-based violence and rape in war, there's less about the psychological impacts upon women. And even less about the impact on children of rape survivors. It was the work of Jonathan Torgovnik, a photojournalist, who really started the conversation about this hidden issue in Rwanda.

**What are the effects of these experiences on women?**

There is a literature that shows rape survivors can face unwanted pregnancy, gynaecological injuries, sexually transmitted infections, post-traumatic stress disorder and other psychological problems, including suicidality. The trauma can continue for years. Pregnancy as the result of rape has been described as a 'living reminder' of trauma.

Understandably, it can really harm the bond between the child and mother. We know that some women died by suicide; some had terminations; some carried the children to term, but gave the children away. Others decided to keep the children.

Many women who kept their babies had lost many or all of their relatives. Others have struggled to keep positive relationships with their families because of keeping the child. There are instances of women being disowned by family because they chose to keep 'a child of the killers'.

The child may be the only thing that they had left, and Rwandan culture holds children in high esteem; for these women, there seems to have been some psychological reframing which helped them keep their babies. Faith and hope are important aspects of Rwandan society, and this may have been a factor for those women. I believe we need more research to better understand the psychological responses that women experience to what has happened.

**How does it affect the children?**

There's an even smaller literature on



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months. Rwanda has made a great impression on me: I've now been living here for five years!

**It's inspiring to see what psychology has to offer in the aftermath of terrible events such as the Rwandan genocide. Thank you for letting me visit Survivors Fund. Can you tell me more about it?**

Survivors Fund – SURF – is a charity established by Mary Kayitesi Blewitt, OBE. Mary is a British woman of Rwandan origin, who lost 50 members of her family

**Lasting images of the 1994 genocide. Can you explain the scale of what happened?**

The ethnic killing of Tutsis was on an unimaginable scale, and it's estimated that between 800,000 and 1,000,000 people died in 100 days. The violence was widespread and intimate – neighbours attacked and killed their neighbours. Rape was also a feature of the genocide and it's estimated that 250,000 to 500,000 women were raped as a way to further destroy communities, cause maximum

mother-child experiences for rape survivors. There's evidence that children born of wartime rape have increased vulnerability to poverty, social rejection, poor mental health and identity problems. They are at risk of infanticide, neglect, physical and emotional abuse, stigmatisation, social exclusion or abandonment. And yet, there's been little follow-up of these children, probably due to social taboo and shame.

#### How has SURF tried to support these women?

SURF initially offered practical help. It's striking that many have had to continue living in communities alongside the men who raped them. They've had to raise their child in the same community where they were victimised. The issues are huge, but initially the help requested by the women was practical – they wanted financial assistance so their children could go to school.

This support gave women hope that their child could find work in the future, and care for themselves and their mothers into old age. For women who had remained married, or had wed later, the cultural assumption is that husbands will not usually financially support or

recognise children who are not their biological offspring. There are some stepfathers who've been very supportive of children who aren't biologically theirs. However, many children have faced family conflict and were growing up with no access to schooling, often taking a servile role within the family.

#### What does your work with survivors involve?

Part of my role involves a specific project helping women who had babies conceived through rape. These babies are now young adults.

It became apparent that some women were facing additional difficulties. Their needs were changing as their children grew up, and it was a struggle. Many started asking for help about what to tell their children about their origins. Of course, adolescence is a crucial time in identity formation, and these mothers were now facing

questions from their sons and daughters about who their fathers are. Many women had told stories to protect their child from the truth, or because it was still too painful to talk about traumatic events, particularly as many are still living alongside men who attacked them.

In Rwanda, children also have to get

"mothers want their child to know the truth, but often don't know how to begin"

a national ID card when they turn 18 years old. This requires them to register parental names.

It became clear that many of the mothers had never disclosed their experiences to anyone, even during previous counselling so we decided to use to use a community group counselling approach. This helped provide a safe and supportive space for women to share their stories, meet others with similar experiences and increase their social support.

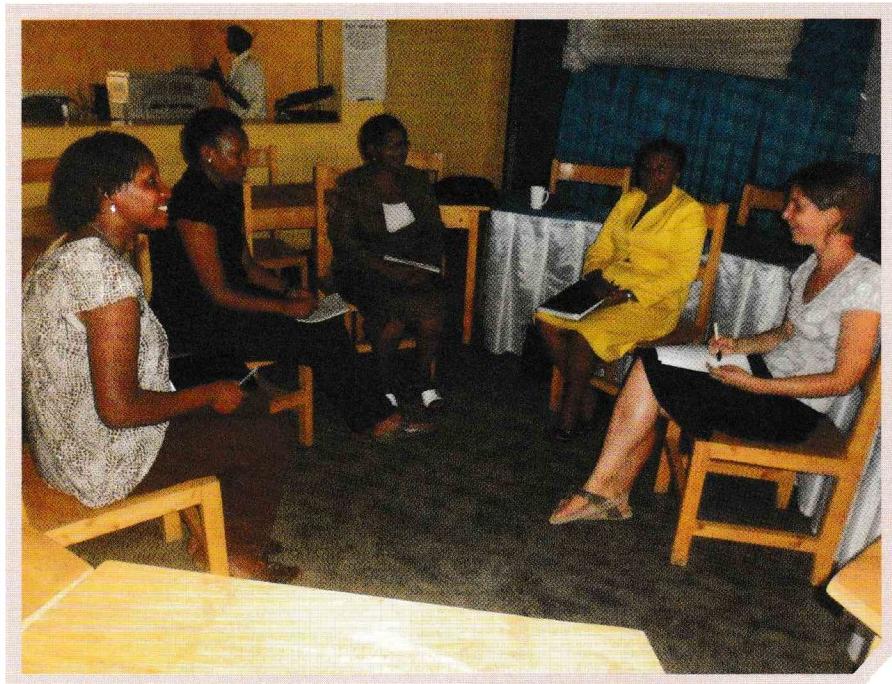
#### So could you give me an overview of the programme?

As you'll know, with such complex trauma, clinicians are often working at the margins of the current evidence base. And survivor struggles are often accompanied by severe poverty, hunger and housing issues. Women's basic needs are often not met and so it can be hard to engage in therapy effectively for this reason. So we have to be flexible, but the programme runs fortnightly for six months, a total of 12 sessions. A maximum of 10 women are accepted per group, all living in a similar area. The group is closed and run by two trained counsellors. We cover a range of topics with disclosure issues discussed towards the end of the programme, after careful scaffolding. The earlier topics pave the way for discussions about more difficult material.

#### What topics or themes do you cover in the group work?

We offer psychoeducation on a number of topics. We talk about symptoms of trauma and understanding triggers to traumatic memories. Many women were experiencing highly disturbing memories and flashbacks, and were struggling to make sense of this. Explaining what was going on helped women gain more control over what was happening, and we explore ways to manage symptoms.

We've also covered psychoeducation around parenting, particularly looking at the responsibilities of parenting and the rights of children. We've talked about child development, especially adolescence, as it is an emerging concept here. We've also discussed normal adolescent behaviour as mothers were often misattributing adolescent behaviour as catastrophic sign of their child being 'no good', because of their origins. We've explored family conflict and how to manage it. One important theme has been helping some mothers to distinguish between the perpetrator and their growing sons, who may physically resemble the man who attacked them.



Jemma Hogwood (far right) in a supervision group with the counsellors who run the groups

Health issues have been incredibly important too – it's estimated that 60 per cent of women who were raped were deliberately infected with HIV. Many women showing symptoms misattributed this to their own 'badness', not realising that they were physically ill. One woman in the group plucked up the courage to get tested. She found out she was HIV positive, but it meant that she then got proper medical treatment. It was moving to see her then encourage other women to go for testing too.

So, it's only once these earlier topics are covered that the counsellor introduces the topic of disclosing the past to their children. However, we often find that the topic has already started to come up naturally in other sessions. The women begin by talking together about their fears of disclosing. This is incredibly difficult. How can you explain to your child what happened, when you've never had the chance to talk about it to anyone or think about your own trauma? We discuss why disclosure might be important or necessary but we're clear with the mothers that it's their choice whether to tell their child. We help to explore the advantages and disadvantages of speaking out. The majority of the mothers want their child to know the truth, but often don't know how to begin that conversation, what to say and worry about the child's reaction. Disclosure is a process rather than a one-off event, and it often involves a number of conversations over time.

**It is remarkable what ground is covered in the groups – does it feel like there's enough time? And what are the results or impact of the group?**

The programme is compact and there's never enough time! But the impact of the groups is significant and as the mothers meet in their own communities, they do stay in touch with each other, giving each other support and friendship beyond the end of the programme. There's also the option of individual therapy sessions, if needed.

The model is based in community psychology – it works via community leaders and women who become advocates after the group. So we know the work continues, and that it reaches into remote rural areas. I offer supervision and training to the counsellors.

We're aiming to reach 800 women within the current funding limit. We've already reached 420, and we've developed culturally adapted ways to evaluate the programme. This involves looking at what outcomes that matter to the women – life satisfaction, hope, relationship with their children, social connectedness and of course, symptoms and coping.

**I've visited some of the women who've used the programme, and spoken with one of the counsellors.**

**They said that the group had helped them to feel accepted, cared for and connected to each other. The warmth, care and compassion were palpable. They also shared beliefs related to rape that appear universal – shame and stigma; social isolation; feeling low self-esteem. There's a debate about the appropriateness of Western psychology in other cultural contexts. What's your experience of working across cultures?**

Yes, there are challenges around applying Western models unthinkingly, I agree. But there are some issues that are universal across cultures. Language, customs, cultural beliefs, means of presenting information – all this needs thinking about.

It's really important to understand trauma within a cultural context and to pay attention to cultural meanings of marriage and having children as a rite of passage; in Rwandan society, a girl transitions into womanhood once she's become sexually active and had children. Some of the girls were as young as 13

"Language, customs, cultural beliefs, means of presenting information – all this needs thinking about"

years old when they were raped. Not only were they traumatised, but they were left confused about their cultural identity and their place in society.

Cultural and social considerations are also another reason we chose a community psychology approach, getting out there and working with people in their local communities, and trying to build up social support.

**It's also been interesting to hear the comments from the young people themselves. They seem optimistic and have high aspirations for the future, particularly their desire for education and future careers. I'm sure they must face challenges too – what support is available to them?**

Ideally, SURF would like to run groups for the children of rape survivors. But at present, our focus is on supporting mothers within our funding limits. We hope that the vital work with young people will follow later. There'll need to be careful thinking around youth work, as some of the young people will be at different stages of awareness about the past, and inevitably, will have different needs and wishes.

Some young people will face issues such as realising that what they've been told about their fathers was untrue or concealed. They face the realisation that their father committed murder and rape. Whilst Rwanda is working hard to create a common Rwandan identity, for these young people there needs to be sense-making about their heritage. Some children may want to know who their father is, some may not. Some can never find out who their father was because their mother was raped multiple times.

Finding out the truth may also help young people make sense of their mother's behaviour, particularly if there has been a lot of tension in the relationship. And these young people face financial challenges too – many won't get land or a house through their father's inheritance, and will have to provide for themselves.

So, the issues for these young people are huge. They have their own vulnerabilities. But it is also important to acknowledge how much resilience people have in the face of adversity. As you say, there are challenges for young people; Rwanda is a young country, over 50 per cent of the population is 18 years or younger. But there is also a sense of wanting to move forward towards a brighter future.



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# Dangerous deviation or creative responsiveness?

Matt Selman on improvisation and therapy, in the latest in our series for budding writers (see [www.bps.org.uk/newvoices](http://www.bps.org.uk/newvoices) for more information)

In the age of evidence-based therapy and the associated treatment manual, what of the evocative imagery of the 'swampy lowlands' of clinical practice described by Donald Schön (1983) more than 30 years ago? When the firmness of what appears 'high, hard ground where practitioners can make effective use of research-based theory and technique' (p.42) gives way to the mess of the swamp, do we hold the manual tighter – a float should we start to sink – or is it time to let go of what will be the weight that pulls us under?

Observing professionals' work, Schön found that when faced with the inevitable 'surprises' of the mess of real-world practice, they would use 'reflection-in-action', enabling an improvised response. This response, drawing on previous knowledge and experience, developed a practice open to constructing a new theory unique to each case. The development of the 'reflective-practitioner' role from this work is now central to applied psychology practice (Health Professions Council, 2010).

The manualisation of therapy has more of the hopes of those on the high hard ground with its evidence-based interventions. But, even for Improving Access to Psychology Therapies (IAPT) services focused on applying these interventions, training recognises the need to be able to respond to 'complex and unpredictable situations' (Department of Health, 2008, p.10).

All therapists improvise to some

degree in their practice, and much of the skill in this is developed over time through reflection-on-practice, such as retrospective supervision and reflective journals. But can therapists further develop this responsive ability, by learning from specialists in improvisation outside of therapy? The following thoughts are based on my exploration of theatrical improvisation training with therapists (Selman & Wheeler, 2014).

## What is improvisation?

What does it mean to improvise? You may think of TV comedy, jazz, the horrific news reports of Improvised Explosive Devices (IEDs) in Iraq, and in day-to-day conversation as people get by in less than ideal circumstances – 'We ran out of... so I improvised.'

Dictionary definitions of 'improvise' identify two areas: 'to speak or perform without preparation', and 'to make or create (something) by using whatever is available'. Neither particularly inspires a desire to embrace a deliberately improvisational approach in therapy; who would want a psychologist who comes unprepared or seemingly makes do with whatever is at hand? There are a variety of definitions in the arts but most focus on the act of 'spontaneous creation' (e.g. Nachmanovitch, 1990).

Some analyses of improvisation come to the conclusion that it is something that is part of life through activities like conversation (Sawyer, 2001). There is a

risk of losing a distinction between the everyday and a deliberate approach where the practitioner develops the necessary skill to enable it. Berliner (1994) argues most definitions of improvisation in jazz overemphasise the spontaneous creative act as coming from an 'intuitive' performer, which he sees as diminishing the importance of experience and extensive practice that are needed to perform well. Certainly, anyone can 'improvise' something on a musical instrument, but not everyone is Miles Davis.

## Learning from theatrical improvisation

While the metaphor of the jazz musician is helpful, it does not offer an immediate link for therapists in how to develop this skill. However, the mindset and techniques that enable improvisational theatre performers to creatively collaborate do lend themselves to the therapist (Selman, 2015).

For the actor working from a script, whom we might compare to the manualised therapist, there are times within a performance where they may need to go off script; this could be that they or another miss a piece of the text and need to bring it back to a level of coherence, or a prop is missing so the script at this point does not match what is happening on stage. We could equate these times to the unexpected – a client is late and now we have 20 minutes for the session. How best to go on? Then there is the skill of the actor responding to the timing, intensity and body language of the other actor as they play their role, so that each line delivered is a unique response to this whole. This makes a play appear to the audience as if the words are spoken for the first time, that these characters are people interacting. The therapist too needs a responsiveness that reflects the 'in the moment' relationship if they are to be experienced as genuinely 'there' for the client. While a therapeutic intervention

- Berliner, P.F. (1994). *Thinking in jazz: The infinite art of improvisation*. Chicago: University of Chicago Press.
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- Selman, M. & Wheeler, J. (2014). Whose reality is it anyway? *Context*, 134, 12–15.
- Selman, M. (2015). Getting 'withness' thinking through theatrical improvisation. *Context*, 138, 32–34.
- Spolin, V. (1999). *Improvisation for theater* (3rd edn). Evanston, IL: Northwestern University Press.
- Wiener, D.J. (1994). *Rehearsals for growth*. New York: Norton.

may have been done many times before, this response is to this unique person and not simply a 'going through the motions'.

We also have improvisational theatre where the performance is entirely unscripted, created 'on the spot' (Frost & Yarrow, 2007). This could be equated to those therapies (or therapists) that have an approach and associated methods and techniques, but session content and structure is not planned.

The influence of theatrical



**Not everyone is Miles Davis**

improvisation as metaphor, and also at levels of method and technique, has been touched on as guiding principles in psychoanalytic practice (Ringstrom, 2001), through the incorporation of improv exercises as a form of couples and family therapy intervention (Wiener, 1994), and even as inviting the development of a unique therapeutic approach for each practitioner in Keeney's (1990) *Improvisational Therapy*.

The difference from the reflection-in-action of Schön is the active incorporation and development of a creative act. The obstacle, mistake or novelty can, like a philosophy problem to Wittgenstein, 'dissolve' as we treat this as part of the creative process.

### Training in improvisation

To give the reader an idea of what therapists may experience in improvisational training we will explore the practice of 'Yes and...', which is central to improvisational theatre (Johnstone, 1981).

Most initial training is done through playing games, enabling people to step outside of the success/failure, approval/disapproval mindset that stifles our spontaneity (Spolin, 1999). In this playful atmosphere we practice recognising whatever happens as an offer; the words fellow improvisers say, their

body language, an unexpected sound off stage, etc. For therapists their clients' narrative and what is happening in the moment – relationally, environmentally – are all like the offers the improviser looks out for. For the manualised practitioner many of these offers will fit, or can be fitted, within the prescribed practice. However there will always be offers outside of this for example, the home visit where a family dog sniffs around ominously at your leg, or a client says

'I brought my best friend James. Can he join the session? He knows what I'm like.'

Once offers are recognised we will introduce the idea of saying 'Yes!' – literally at first and figuratively later in performance. People starting out find that even in the apparently low risk activities in a workshop, perhaps telling a story together, they will habitually block their own and others' ideas.

Improvisation trainers view much of this as due to anxiety (Johnstone, 1981; Napier, 2004), something psychologists can offer a range of theories to support.

Although it might seem counterintuitive we might play games where people deliberately block ideas.

A: 'We enter our spaceship'  
B: 'No! We're climbing a tree'  
(or perhaps)  
B: 'Unfortunately it's out of fuel so we have to leave.'

In doing so, people come to recognise their own and others' blocking, the disheartening effect of having ideas killed off and the difficulty in keeping a positive relationship when doing this. Therapists might reflect on what it is like for the client whose offers are knocked back without even acknowledgement '[No] We only see people individually here!'

Having experienced 'No!' we practice saying 'yes and', where 'yes' is accepting the offer and the 'and' is our own contribution that builds on this. However, if the responses are said unenthusiastically with an attitude of 'If I have to!', the energy will be low and the willingness to make offers is less. So we train with responding to each other with enthusiasm. With the enthusiastic 'Yes and', the process becomes enjoyable and it is easier to make offers when you experience them as fully accepted.

A: 'We enter our spaceship.'  
B: 'Yes and as the door closes we take our seats and start the engines.'

A: 'Yes and we blast out into space heading towards the international space station.'

B: 'Yes and we come to the space station and see purple tentacles poking out of the landing bay.'

A: 'Yes and ...'

Once people engage with this creative process the workshop tends to become filled with laughter, a sense of energy, engagement... adventures become interesting. People take more risks with their offers and, because working cooperatively is fun, are willing to make mistakes. What would it be like to experience a therapist willing to set aside the manual and embrace the unexpected as an opportunity? How much might your practice alter with the option to say 'yes' and explore where this takes you both?

These broad process skills offer an approach to the unexpected – saying 'yes' opens the possibilities and the 'and' is where experience, current context, theory, and evolving understanding of the client determine the therapist's offer.

### A new adventure

Therapy, like all of life – aside from Benjamin Franklin's famous pronouncement on death and taxes – is uncertain. Regardless of our preferred, or required, way of navigating the swampy lowlands of clinical practice, there is a need for some degree of improvisation. The active development of this through training seeks to further what experienced therapists do with 'knowledge-in-action'. It serves to enhance not replace practice; an uninformed purely spontaneous improvised Dadaesque version of therapy would be as oppressive as an automaton-like following of theory and technique when it is not working. Ultimately, engagement with improvisation training offers the practitioner options and possibilities. So, will you say 'yes' to the idea of an improvisational stance, knowing that it brings the possibilities of creative responsiveness but also the uncertainty of not always being able to open the manual and say 'See, I did it right?'



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Psychology of Women Section	6–8 July	Cumberland Lodge, Windsor	<a href="http://www.bps.org.uk/pows2016">www.bps.org.uk/pows2016</a>
Division of Counselling Psychology	8–9 July	Hilton Brighton Metropole	<a href="http://www.bps.org.uk/dcop2016">www.bps.org.uk/dcop2016</a>
Social Section	31 Aug–2 Sept	Mercure Cardiff Holland House Hotel	<a href="http://www.bps.org.uk/social2016">www.bps.org.uk/social2016</a>
Cognitive Section	31 Aug–2 Sept	Hilton Barcelona	<a href="http://www.bps.org.uk/cogsec2016">www.bps.org.uk/cogsec2016</a>
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Psychology4Students	17 November	Mercure Sheffield St Paul's Hotel & Spa	<a href="http://www.bps.org.uk/p4s2016">www.bps.org.uk/p4s2016</a>
	29 November	Friends Meeting House, Euston, London	
Psychology4Graduates	30 November	Friends Meeting House, Euston, London	<a href="http://www.bps.org.uk/p4g2016">www.bps.org.uk/p4g2016</a>
Division of Sport & Exercise	12–13 December	Mercure Cardiff Holland House Hotel	<a href="http://www.bps.org.uk/dsep2016">www.bps.org.uk/dsep2016</a>

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# 'You seldom heal... you live with cancer'

Ian Florance meets **Cordelia Galgut** to discuss how diagnosis and treatment has affected her work as a counselling psychologist

In 2004 Cordelia Galgut was diagnosed with bilateral breast cancer. As a Chartered Psychologist and registered counselling psychologist and therapist who has been in private practice for the last 20 years, the old cliché 'Physician, heal thyself' loomed large. When I interviewed her, she had recently been in hospital with sepsis, a long-term effect of breast cancer treatment on her immune system.

Cordelia's experience has created an internal conflict between conventional scientific wisdom and her lived experience of breast cancer. She wanted, she said, to explain this to psychologists



dealing with any client or patient crisis, not just cancer, and to question accepted professional practice.

'I was born in Liverpool in 1955 and moved to London when I was 12,' Cordelia tells me. 'I was bright but was told, like a lot of bright girls at that time, that I should be a teacher or a nurse rather than a doctor or a scientist.' Cordelia went to a grammar school in Liverpool, but remembers her male teacher's first words at a physics lesson were, 'Of course physics isn't a girls' subject!'

On arrival in London, her mother, a committed socialist, wanted her to go to one of the new London comprehensives rather than take up her place at the local grammar school. Her mother and father hadn't discovered that it was a sink school: most of the bright children had taken up places in grammar schools. It wasn't until Cordelia changed school in the sixth form that learning became easier and more enjoyable. However, the idea that girls weren't really meant to be too well educated or to speak out was always in the back of her mind.

She got a place at university, studying English and French. The English was very unimaginatively taught so she changed to psychology: 'It was disappointing that I didn't get on with English, as I'd wanted to be a journalist, but I was interested in the workings of the mind, too. After my first degree, I ended up doing a PGCE in French, then taught French for 16 years, including running a French department... I'd just

drifted into the profession, really.' She smiles wryly. 'The main reason I did the PGCE at Sussex and in French was to please my boyfriend and also my mother, who was a French teacher!'

At the age of 27 Cordelia fell very ill in Greece with some sort of virus. 'I didn't know at the time that I had been born with a part of my immune system missing. I can't throw off infection well. This effect has been made much worse by cancer treatment.' However, Cordelia did recover enough to keep working and became an advisory teacher. A couple of years into the job, she contracted another virus ending up unable to work and lying flat on her back for around two years. Medical people dismissed her condition as psychologically induced: one GP told her she thought it was caused by Cordelia's depression at being a lesbian! 'I identify as bisexual though my partner of 33 years is a woman, so to that extent I am a lesbian. I didn't believe the GP's explanation at the time nor do I now.' But lying on her back gave her time to reflect, fuelling the crusading spirit evidenced in the rest of our interview.

After a couple of years, once her brain fog had cleared enough, she decided she had to do something, so signed up for a basic counselling course at City University having been retired from her advisory job. 'The City University approach was person-centred, a refreshing shift from the psychoanalytic, medical model of my original psychology training. I then got onto a competitive PGDip in Counselling at UEL in 1994 before going straight on to an MA. This started my academic career proper, which has had the effect of finally laying to rest ghosts from my childhood and schooldays. My research was on attitudes of counsellors and psychotherapists to lesbian and gay clients. The data from this study revealed significant pathologising of lesbian and bisexual clients by their therapists, so I decided to go on and do a DPhil to look at the issue the other way round: lesbian and bisexual clients' experience of counselling and psychological therapies.'

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At the time, there was a lot of resistance within the counselling and psychology world to this line of research and the journal *Counselling* turned down her article on the results of her MA research, saying they wouldn't publish that kind of thing!

By 2004 Cordelia had 10 years' plus experience in supporting people in crisis, including clients with breast cancer. 'And I thought I knew it all. But when I started going through breast cancer myself, I realised my clients had been very polite in not pointing out my lack of understanding. Patients fear censure and the power balance is in the favour of healthcare professionals. At the time, my approach didn't really encourage clients to tell me how they felt about my approach. It does now!'

In her excellent book *Emotional Support Through Breast Cancer: The Alternative Handbook* (Radcliffe Publishing, 2013), Cordelia addresses a number of myths about breast cancer. These include:

- | 'It was a year ago. You should be moving on by now.'
- | 'These days chemotherapy and radiotherapy are easy treatments to cope with.'
- | 'Shock doesn't last long.'
- | 'Relationships don't change as a result of breast cancer.'

The issue that kept coming up in my conversation with Cordelia about cancer was time. 'The effect of breast cancer and its treatment doesn't stop after a year. If you feel grief, fear of death or recurrence beyond that point and enduringly, you're deemed not to be reacting "normally". You can be subjected to the pathologising attitudes of doctors and psychologists. I certainly know of psychologists and doctors who have kept their cancer diagnosis and ongoing problems private, for fear of this kind of judgement. They even give up work, but don't feel able to explain why! I think that's an issue we need to confront within our profession!'

One of the myths Cordelia addresses in her writing is the idea that there are set stages of grief that all or most people pass through after a trauma. One version of these is shock, denial, anger, depression, acceptance. 'This doesn't help,' Cordelia says. 'I have never heard anyone say they go through these stages in sequence. They can go back and forth between them and experience them in parallel or not at all! However, people's stress levels can be increased massively by pressure to follow these stages, because to do so is deemed normal. Not responding as conventional wisdom says we should can make

extreme trauma even harder to bear. That was my experience and that of many others to whom I've talked and who have written to me over the years.'

We tend not to realise that cancer treatments can go on for years. Cordelia commented, 'My treatment went on for months, and then I had four years of hormone therapy involving injections in my stomach every month. The needle was as thick as a nappy pin and deposited a pellet in the subcutaneous fat of my abdomen; it has left scars that have affected the nerves in my legs as well as creating other nasty side-effects. But I kept getting told "You're over it, you're all right". In fact, you seldom heal. You live with cancer, not least fear of recurrence. This seems to get worse over time, not better. Treatment effects also appear to get worse over time – for example, radiotherapy damage which is wide-ranging. This is a largely unspoken problem, because those of us who survive are often told, "You're lucky," and we are. It's hard to speak out, even if the quality of our life is awful.' The medical profession is wary of discussing this issue openly, though it is acknowledged behind closed doors!

Cancer has questioned Cordelia's attitudes as a psychologist and therapist, and more generally. 'Psychologists and other support workers are people as well. Having a diagnosis of breast cancer – or experiencing any trauma – poses a number of questions. Do they continue working? Do they disclose what's happened to them? Does their own experience affect – even damage – patient/client relationships? A lot of received opinion would suggest the model is not to disclose, to keep a neutral stance, not to risk crossing boundaries and not to practise if you are not "recovered".'

Cordelia addresses these questions with characteristic forthrightness. 'When I was diagnosed, I asked clients if they wanted to know why I needed to take a break. Most did want to know and to continue with me. Of course there were gaps, but I was able to keep going for the most part, and I discovered that the experience was making me more open as I grappled with, for example, agonisingly itchy skin during radiotherapy. I obviously had to disclose why I needed to scratch my breast and the feedback I got was that my clients were sorry I was going through this, but that my obvious vulnerability and humanity helped them accept theirs. Reactions such as these were a big surprise to me and have contributed hugely to a shift in the way I work with my clients. I'm much more

real now, much more transparent, always, of course, with the proviso that I respect what is right for my client.'

Cordelia is all too aware of the dangers of talking about these things, in this way. 'I've written mixed-genre books. Some of what I say hasn't always gone down well with medics and psychologist colleagues and I've been told "you need to be either a psychologist or a patient to be taken seriously", as if we can't move between the two comfortably and ethically. When I went on *Woman's Hour* as the psychologist/author I worried about disclosing things about myself so publicly. Again, these are issues that should be talked about more within our profession.'

Are psychologists too bound by research data? 'Data can provide useful pointers and generate interesting topics for discussion, but can be red herrings. Evidence-based practice is necessary, but I wonder whether, for example, non-formal interview data and word-of-mouth testimonies can often give us more reliable insights into patient experience than formal research. It is assumed that, for example, a researcher who has had breast cancer has too much insider bias to generate accurate data when interviewing another person with breast cancer. However, we hear from women over and over again that they will hold back with an interviewer unless they know that person has had relevant experience; interviewing skills are of secondary importance. Furthermore, a researcher who approaches an interviewee in a medicalised, pathologising way (as seems to happen too often in, for example, the field of psycho-oncology) can easily miss what is under their nose, because their entrenched attitudes and unquestioning acceptance of the theoretical status quo get in the way.'

Cordelia is embarking on a new book whose theme is 'survived cancer but at what cost?'. At [www.emotionalsupportthroughbreastcancer.co.uk](http://www.emotionalsupportthroughbreastcancer.co.uk) she asks those who suffer ongoing effects from cancer, emotional or physical, to contribute to the book.

Let me close by thanking Cordelia for her honesty and insight, and quoting from one of her poems which is reprinted in her *Emotional Support* book:

Tell me instead that you have an open heart  
And an open mind,  
That you'll listen,  
That you'll try and understand,  
Even when what I'm saying sounds  
preposterous to you.  
It is my reality.

# A world of diminishing boundaries

**Caroline Limbert** (Cardiff Metropolitan University) on the first overseas Health Psychology MSc to be accredited by the British Psychological Society, and what the experience has done for her own career and that of the graduates

Internationalisation is an increasingly important feature of university education today, reflected in a wide variety of initiatives designed to increase graduates' abilities to operate in and add value to the global economy and a world with diminishing boundaries. The Higher Education Academy, which sets and maintains the standards for higher education, argues that internationalisation is important for universities as it can help to build their reputation across the world, enrich the programmes provided and also make them more sustainable, perhaps by accessing new markets for students and funding overseas (Higher Education Academy, 2014). In terms of career opportunities for students, graduates and members of university staff, engaging in the internationalisation agenda has a lot to offer.

Internationalisation in higher education has been defined as 'the integration of an international or intercultural dimension into the tripartite mission of teaching, research and service functions' (Foskett & Maringe, 2010, p.1). Some critics have argued that this process of integration can lead to an increasing uniformity in language and culture that could destroy the very basis on which some approaches to internationalisation rest, leaving just an economic, so arguably less admirable, aim in place (Lumby & Foskett, 2016). However, alternative approaches to internationalisation include the opportunity to value and emphasise cultural differences as a result of an exchange process (Teichler, 2009), and it is this attitude that was embraced by Cardiff Metropolitan University and the British Psychological Society (BPS) when considering the accreditation of the first

MSc Health Psychology programme outside of the UK.

The newly accredited MSc Health Psychology programme is based at City Unity College in Athens. The focus of health psychology on the application of psychological theory and evidence to health enhancement, coping with chronic conditions, improving health policy and healthcare provision and improving health-related attitudes and behaviour (see [www.bps.org.uk/dhp](http://www.bps.org.uk/dhp)) means that there are a number of areas included within the field that are very interesting to compare between the UK and Greece. A BPS-accredited qualification at postgraduate level is a fantastic vehicle for enhancing opportunities for students and staff alike to explore those differences and learn from the diverse approaches used in other cultures. The accreditation also means that graduates from the programme at City Unity College have the same skills and knowledge base as UK graduates, and so the foundation on which to build with Stage 2 health psychology training where required.

The MSc Health Psychology programme at City Unity College in Athens is currently in its third year since the first cohort walked through the doors. The programme includes identical modules to those at Cardiff Met, and all teaching materials and assessments are made available to staff in Athens. However, the different emphasis in each country means that changes are made to those materials by our Greek colleagues in order to make the materials more pertinent to their target audience. Also the specialist areas of staff members are given scope to be included in the teaching sessions so that the benefits of an expert, research-led approach to teaching this constantly evolving subject are maintained.

The quality assurance procedures at Cardiff Met are mirrored at City Unity College. When we go through a periodic review, they go through the same process;



the staff-student liaison processes and general regulations are on a par on both sites; and recruitment of staff and students and moderation of marking are all overseen by the moderator, who is currently the Programme Director of the Cardiff Met-based programme. The moderator visits the programme in Athens twice a year to monitor the way the programme is run, exchange information and provide training as required and generally develop the working relationship with the team based in Athens. There is also a separate external examiner who oversees the City Unity College programme and provides an additional check that the programme meets the standards we would expect to see in a course based in the UK. These roles can help to enhance the day-to-day existence of university staff, broadening experience and adding an additional, interesting challenge that can have benefits for career development.

## Advantages and disadvantages of the programme

The advantages to Cardiff Metropolitan University of having the MSc Health Psychology programme at City Unity College includes the inevitable financial considerations, but the benefits to Cardiff-based students include funded exchange visits; visiting lecturers from Athens; dissertation projects that straddle both sites by collecting data in both the UK and Greece and being supported by staff in both countries; and development of a better understanding of how health-related behaviours, policies and outcomes can be very different, despite the relative proximity of Athens and the fact that we are all, currently at least, part of the EU.



From the point of view of the Athens-based students, they also benefit from visiting students and staff from the UK contributing to their programme; the option to conduct cross-cultural studies for their dissertations and of course the development of a broader understanding of the context of health-related issues. But for the students in Athens, the BPS accreditation is key. It enables them to obtain recognition for their qualification by a professional body that is highly regarded in Greece and enables them to continue to develop their careers as health psychologists, should they choose to do so, in a way that does not exist in Greece.

The drawbacks of the programme in Athens to those of us at Cardiff Met were initially focused around the difficulties of working with people from a distance, people we didn't know and people who had a very different way of doing things to us. This 'problem' has greatly diminished over time as we have got to know our friends in Athens, become familiar with their ways of working, as they have with us, to the point that we have now reached a position of mutual respect. We don't expect everything to be the same, but value difference as long as the standards are maintained. Three years in we have learned a lot from each other.

The drawbacks that still remain include the time it takes to oversee the programme in Athens, to visit twice a year, to complete the paperwork and engage in training and other combined activities. But as long as workloads can be designed to reflect the time that needs to be devoted to collaborative provision programmes, this should not be a significant problem either.

So what of the cultural differences in health behaviour, some of which startled the students? They include the fact that Greek students seldom binge drink or drink to get drunk. However, they are much more likely to smoke than their British counterparts and the social aspects of enjoying an iced coffee and a cigarette together were cherished by the Athens-based students and staff. The fact that the Greek students address their lecturers using their title and family name rather than first names, as used by the British students, introduced some interesting discussions regarding whether the use of more formal titles reflects higher levels of respect for members of the health psychology team. Another interesting line of discussion was around the cost of medication in Greece, especially in the light of the recent austerity policies. A case study involving a Greek woman who spends much of her pension

supporting her unemployed grandson (something else that is possibly less likely to happen in the UK), and also a considerable amount on her prescription drugs, opened the students' eyes to the benefits of the NHS and the relative economic stability in the UK (despite the imperfections that we are all too keen to grumble about).

### The future for our links

The plans are to develop more staff and student exchanges between Athens and Cardiff; to conduct more research exploring the health-related differences between the two cultures and the impacts they have. We already have one graduate from the Athens-based MSc Health Psychology programme who is undertaking a PhD at Cardiff Met and also working on BPS Stage 2 health psychology training, something that would not be possible if her MSc had not been BPS accredited. The future prospects are potentially endless as we operate in a global economy where a better understanding of the way health behaviour, health policy and health outcomes compare between different cultures is valuable in order to optimise health education and health provision and to ensure smooth transition for people making the most of the diminishing boundaries throughout the world.

### Career development opportunities

The experience of spending some time overseas and/or obtaining an in-depth understanding of the differences between the cultures in terms of educational practice and health-related behaviour has been invaluable for both staff and students based at or visiting the MSc programme at City Unity College in Athens. Broadening the understanding of how the economy, culture and policy can impact on health-related behaviour at the individual level is so much more possible as a result of experiencing these issues firsthand and talking to people on the receiving end. Many graduates from the programmes, both in Cardiff and in Athens may well



find themselves working in other countries: in fact we have already had graduates working in Australia, Haiti, Mauritius and Spain to name just a few. The experience of conducting a cross-cultural dissertation or PhD, as has also

happened as a result of this relationship, prepares students for careers that are not bound by the familiar and limited experiences of their own country and culture. Linking the two programmes makes it possible to build a supply of health psychology graduates prepared to tackle global health issues in a way that is becoming increasingly necessary in the world without boundaries. For example, antimicrobial resistance, obesogenic environments, addictive behaviours and chronic conditions are all relevant issues for health psychologists that extend beyond the borders of the UK – exploring these issues from different cultural perspectives can help to provide solutions that would not otherwise be available or considered. The development of more overseas MSc Health Psychology programmes with BPS accreditation, and the development of international doctorates in health psychology, would be a beneficial development and help to facilitate this recognition that health cannot be contained within geographical or political borders.

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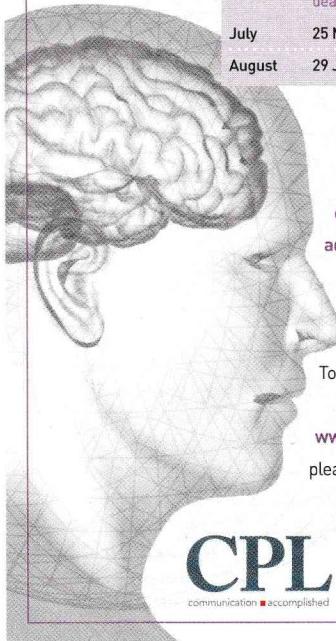
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# Stories brought to life

Based on Lauren Slater's book of the same name, this performance, directed by Phelim McDermott and Lee Simpson and performed by Improbable, whizzes through the great psychological experiments of the 20th century; a veritable Psych101 with all of the classics, the great and the good, the flawed and the misinterpreted.

The book, despite many plaudits, has been criticised for its fictionalised style and Slater's non-scientific research methods; however, for a book described as 'psychology experiments narrated as stories', the style was fine with me and it seems perfect for an on-stage adaptation. So there I was, sitting in front of a sparse stage containing nothing but the frame of a large empty box. Six classically suited, occasionally white-lab-coated performers then moved through and around the box whilst convincingly playing the roles of our psychologist protagonists: experimental stooges; naive participants; lab rats; the questioning public; patients; murder victims; and Lauren Slater.

Starting with the inventor of the box, we were taken through Skinner's work on reinforcement from the perspective of the rat, and learnt how his findings could be applied to understanding our behaviours. Is continual phone-checking just a modern version of a rat on variable interval reinforcement? At some point, I don't know when, something exciting will pop up on my phone and reward me. We also explored some of the facts in the myths; yes, Skinner did build a box for his daughter – well, an 'advanced playpen' – but no, she wasn't locked inside it without contact and didn't later commit suicide.

The on-stage box then became Milgram's infamous obedience lab, and we were introduced to some of the teachers responsible for the mock shockings; one of the legendary 65 per cent who

shocked to the maximum felt that they '...had no choice, it was all so convincing'; another was adamant that they stopped after the first scream, surprisingly because they felt too stressed to continue, while others said the experiment made them rethink their relationship with authority and subsequently railed against 'the man'. We then watched Rosenhan and his friends talk their way into admission to psychiatric hospitals and then try to talk their way out again, and an institution's response resulting in patients with real psychiatric conditions being turned away. Slater then talked us through her criticised 'N of one' version where she was diagnosed with depression and psychotic conditions and dutifully dispatched with medication.

We witnessed the murder of Kitty Genovese, and did nothing, but our inaction was explained by Latane and Darley who etched their theories onto a white board for some lecture-room verisimilitude. We observed a mother's miracle child who had a direct line to God and could heal all ills, as Festinger

explained that cognitive dissonance can make us believe what we want to believe no matter how crazy it may seem. We then went back to the lab to watch Harry Harlow with his terry cloth mother surrogate and macaques. A terry cloth may be a short-term mother replacement, but social interaction and play are vital. We can thank Harlow for our understanding of parent-child bonding, but as his personal life allegedly took a dive, Harlow's experimentation became darker as he explored the effects of social deprivation. It was observing Harlow during this period that inspired Bruce Alexander; cue our performers having the time of their lives at 'Rat Park', as we learnt the importance of the social environment in determining the likelihood of addiction.

Elizabeth Loftus's participants then regaled us with their stories of being lost at the mall while her critics told us that because of her, nobody would believe the horrors that they had experienced. Finally, we end with some psychosurgery; to cure his seizures, we watched as H.M.'s hippocampi are sucked from his brain to what sounded like the slurping thick-shake. In one slurp his epilepsy is gone, but so too was his ability to form new memories. His surgeon, William Scoville – like Antonio Moniz, the lobotomy pioneer – learnt about the inter-connectedness of the brain; Scoville by mistake and Moniz by design.

Throughout the performance we learnt about the science, but we were also given additional nuggets about the researchers themselves; their personal stories that were often interwoven with their scientific endeavours, which almost certainly guided their hypotheses. These stories revealed their fragility and helped us to understand how as people they could be as flawed as some of the subsequent interpretations of their results. Slater takes the experiments from the box and translates them into stories that represent the hypotheses of our lives, Improbable bring these stories to life.

I Reviewed by Dr Mark Wetherell who is Reader in Psychology at Northumbria University Newcastle

## A glimpse of the future?



Forensic  
Psychology:  
Witness  
Investigation  
FutureLearn

As a psychology student, I was excited to see that online educators FutureLearn were offering a forensic psychology module. I've taken part in various courses so far for fun and have always enjoyed them. When looking at the overview for the course, I wasn't too thrilled as it seemed to be more about the reliability of eyewitness testimonies – a topic that seems to have been done to death in university. Personally, I wanted to go down a road less travelled, for example what makes a criminal tick – nature or nurture? The course served as a general introduction to forensic psychology, but hopefully there will be courses in the future delving into a variety of areas.

Although at first I felt a bit lost without the human interaction I'm used to from education, I became accustomed to it and somewhat came to prefer this style of teaching. The tutors were keen to help and keep in touch, regularly organising Google hangout sessions; it was great that students were really supportive too. I feel that this form of education will soon become really popular and in the future, on-campus learning will increasingly adopt similar techniques.

I've already signed up to 21 more courses as I thoroughly enjoyed this one. I would recommend this to people who are wanting to keep active in learning, and to those who want to expand on their knowledge.

I FutureLearn courses are available free at [www.futurelearn.com/courses](http://www.futurelearn.com/courses)  
Reviewed by Rebecca Jane Lapping who is at the University of Sunderland



TOPHER MCGRILLIS



Opening Skinner's Box  
Northern Stage,  
Newcastle



## Sounds of the self

This Is a Voice  
Wellcome Collection

Bárbara Rodríguez Muñoz describes how she aimed to highlight the role of the voice 'before and beyond words' in curating the Wellcome Collection's latest exhibition, 'This Is a Voice'. This is indeed admirable – while the humanities and the arts have long engaged with the importance of the human voice in self-identity, musical expression and emotional communication, the cognitive sciences have to date maintained a focus on vocal signals as carriers of linguistic information. In a beautifully arranged set of themed spaces, 'This Is a Voice' invites us to first consider the voice as a pre-linguistic instrument for emotional signalling and maternal bonding, before later engaging with contexts of language and formalised music, as well as emerging methods in vocal analysis and synthesis.

'This Is a Voice' aligns with the Wellcome's interests in medicine, health and wellbeing by taking an embodied approach, where vocal sounds represent at once both body and mind; from the beginning of the space, we are frequently reminded of the anatomy and physiology of the vocal tract through images, models and specimens of the larynx (the 'voice box'), both in health and in illness. Critically, the items on display are arranged without hierarchy: healthy, professional and diseased voices are presented side by side. This is helpful in communicating the flexibility of the voice, and the notion of control. The voice is by necessity an action, a highly complex motor skill – where some individuals have honed aspects of vocal control to higher levels of expertise (see the quite lovely videos of overtone singing), for others illness impairs this capacity. In 'Egophony', we are reminded that the flexibility of the voice is an important aspect of how we convey our own identities (accent, gender), and how we are received by others. Thus, our sounds and our selves are inextricably linked.

Sidtis and Kreiman (2012) describe the voice as a dialogic process, emergent from the actions of the producer, the perceptual filters of the listener and their interacting intentions. In this exhibition, we are reminded of the fluidity and malleability of perception in vocal communication – we can marvel at the illusory experience of ventriloquism, and at Marcus Coates's film installation (in which a little trickery is used to convert human birdsong imitations into a quite convincing dawn chorus), as well as considering our own biases in what makes a voice sound beautiful (or not) to us as listeners. Voices can be heard in the absence of sound – a nicely curated



selection of written and video material covers the life of Helen Keller, the deaf and blind woman who understood speech extremely well through touch alone, reminding us again of the bodily source of the voice. Tying in with the simultaneous release of Charles Fernyhough's book *The Voices Within*, we are also invited to consider the experience of voice hearers, a community that is in no way limited to people with mental illness.

In a later part of the exhibition, there is a section addressing how the sounds of the voice are recorded, both to document and diagnose. We are introduced to applications of voice synthesis over the years – 1930s film footage of talking machine 'The Voder' is almost comically entertaining, in comparison to the quite arresting recent footage of a patient engaging with an avatar of a vocal tormenter as part of therapy to address the negative effects of her voice hearing. I found myself rather missing something on recent developments of personalised voice synthesisers for patients unable to control their own vocal system – such developments would have tied in well with the exhibition's consideration of the importance of self in the vocal signal.

As a voice scientist, I came away satisfied with the balance of informational and artistic content in this show. It was intended that the exhibition be highly performative, and this is evident in many of the installations. Visitors are encouraged to be part of the performance, both within the exhibition and through a number of parallel workshops taking place in the coming months. The exhibition ends with 'Chorus', a project by Matthew Herbert in which visitors are invited to contribute a sung note to an evolving musical composition. I confess that I was a little disappointed with this – after all of the very well considered

efforts to engage us with the dynamic properties and social significance of voice, the experience of standing in a glass booth alone and singing to no one left me a bit cold. There were some other tiny bumps in the road, that might have been more obvious to me as a researcher in the field: the initial descriptions of how voice evolved are not uncontroversial yet were stated almost as fact, while I also found that the presentation of speech spectrograms in Imogen Stidworthy's 'Topography of a Voice' led to more confusion than communication (but only probably because I was trying to read them). However, overall I was truly struck by how thoughtfully the whole exhibition had been put together. Extremely rich in content, it didn't feel crowded, visually or auditorily. The show does such an effective job of forefronting the very many qualities of the voice in human behaviour, neither getting caught up in words nor overlooking them.

Ironically, of all the multimedia pieces in 'This Is a Voice', I most enjoyed the inclusion of Francis Barraud's painting 'His Master's Voice'. In the painting, made iconic through its association with corporations such as HMV and RCA, we see a small dog attentively staring into the horn of a cylinder phonograph, which we presume is playing a recording of its owner. To me, this captures much of what makes the exhibition so thought-provoking – the role of the human voice beyond words, signalling identity and underlining relationships (here, the bond with 'man's best friend'), and the power of technological innovation to record and reproduce these sounds of the self.

I 'This Is a Voice' runs until 31 July at the Wellcome Collection, Euston Road, London  
Reviewed by Dr Carolyn McGettigan who is a Reader in the Department of Psychology, Royal Holloway, University of London



## A snapshot on psychological concepts and ideas

**Taking Charge of Your Emotions: A Guide to Better Psychological Health and Wellbeing**  
Louis H. Primavera & Rob Pascale

If you were considering a guidebook to offer to new clients who could benefit from a first discussion of psychological concepts, this could be the one for you. The writers propose its usefulness as related to self-exploration and -understanding, which in turn could offer the individual more control over life and its challenges.

In many ways this easily digestible book reflects cognitive behavioural therapy principles of observation and exploration of thoughts, feelings and motivations and equally encourages the reader to abstain from unhelpful thinking

styles and behaviours that could elicit poor self-care and a general misunderstanding of others and their agendas. On the whole the book focuses on improving interrelational skills, which includes taking responsibility for one's own behaviour, whilst it equally proposes accepting the reality of difference between individuals.

A useful feature relates to the description of the active processes of acceptance and adaptation to change, which hints there might be a lengthier ongoing process required in order to facilitate essential

change. It encourages individuals to build a value-based life and to avoid making use of self-critical thinking styles, but regrettably the 'how to' of these and other principles is discussed only in a very limited fashion, leading the book to come across as a series of short snapshots, rather than detailed explorations on the subjects posed. As a result, change seems almost linear and stepwise as opposed to the repetitive and challenging process it might be in real life.

This book might be useful alongside therapy as an early background information-giving

tool and may especially be helpful in supporting individuals to become more assertive and reflective about their own conscious and unconscious processes. It offers a number of short exercises to adapt to challenging situations but any consistent requisite change would require further detailed exploration.

| Rowman & Littlefield; 2015;  
Hb £25.48  
Reviewed by Dr Levina Smook  
CPsychol who is a Principal  
Counselling Psychologist in  
Clinical Health psychology in  
Dudley



## Life on Mars

**Mars One: Humanity's Next Great Adventure**  
Various authors, edited by Norbert Kraft

In 10 years' time a team of four intrepid explorers will set out on a seven-month journey with an aim to colonise Mars, with no hope of ever returning to our green and blue planet. Though it is near-impossible to imagine the emotional toll such a trip would take, in Mars One the practicalities of the mission are explored in depth, including the difficulties involved with group dynamics and cultural gaps.

The 'first Martians', 24 of whom will be selected this summer, will be expected to not only have the practical skills needed for making a home on a new planet, but will need to overcome differences in culture, gender and personality to become perhaps the closest team of explorers in history. Never before has humankind started from scratch – on another world entirely.

The Mars One mission proposes an unmanned flight to Mars to prepare a colony in 2020, followed by the first four Martians in 2026 and subsequent crews travelling out every 26 months thereafter. The second section of the book looks at culture, cohesion and compatibility among the

astronauts who will be first to walk on Martian soil.

Drawing parallels between Ernest Shackleton's explorations of the Antarctic and his approach to team bonding, Professor Dr Raye Kass (Concordia University, Montreal) looks at the role of interpersonal and group skills on this mission. Kass writes of Shackleton's approach to building team morale in difficult times, and writes that humour and group dynamics, but most importantly the building of a sense of community before venturing into the unknown, will be vital.

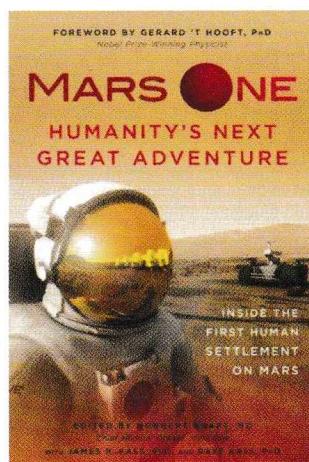
The Mars One application process was open to all nationalities, genders, levels of education and to those aged from 20 to 61. The 100 people who will take part in this year's selection process come from across the globe – as far afield as Brazil and the Philippines. Andy Tamas looks into the potential problems that come along with cultural differences and the importance of acknowledging these and suggests strategies for conflict management.

The impacts of age and ageing on Mars are also discussed in a chapter written by Mars 100. Finally, Ronit Kark (Barilin

University, Israel), in a chapter entitled 'Men are from Mars, women are from Mars', explores how equal teams of men and women travelling to Mars could be difficult, particularly for women in the male-dominated world of space travel.

Beyond the psychological realm the book's three other fascinating sections look at the technical and medical skills the candidates will need to learn as well as the required levels of health and fitness. The selection process for the first 24 astronauts this summer will be filmed and broadcast around the world – the third section of the book looks at the potential impact of this and includes quotes from some of the Mars 100 candidates' applications, giving fascinating insight into the minds of those brave enough to leave everything behind to start anew. The fourth and final section looks at the unique political and legal complexities of colonising another planet, as well as the quality of life of living on a planet with 38 per cent of the gravity on earth. The essays presented in this book offer a truly comprehensive yet equally mind-boggling summary of what will be needed to set out on this mission.

| BenBella Books; 2016; Pb £16.99  
Reviewed by Ella Rhodes who is Staff  
Journalist for *The Psychologist*. For more on  
psychology in deep space, see  
[www.thepsychologist.org.uk/volume-28/october-2015/out-world](http://www.thepsychologist.org.uk/volume-28/october-2015/out-world)





## Always surprises and engages



Love + Radio

Nick van der Kolk (Creator/Host/Director)

Podcasts are now a well-established means of communicating with a wide audience. Whilst this is just another medium for some, others have been more creative. One is the American Love + Radio, which is neither straight journalism nor pure fiction. Many of its broadcasts are of interest to psychologists.

Its fourth season has had a particular focus on sex and sexuality. Deep Stealth Mode is about a seven-year-old transgender girl. We hear mainly from the girl's mother, as she talks about parenting, but also from the girl herself, and their conversations together. The girl says that something had gone wrong in her mommy's tummy because she came out a boy. She called herself a girl by four years old. At one point, we hear them discussing her daughter's impending trip to camp, with the mother asking the child to decide whether they should tell the staff in advance that she is a 'girl with a penis' in case she needs help. I wasn't sure if giving a child that age the responsibility for managing her 'secret' (their words) was enlightened, or irresponsible. There's no attempt to steer the audience as to the rights or wrongs of the situation; rather, it's about fully entering someone else's world.

In contrast to this loving relationship, A Red Dot is about Frank, a registered sex offender and advocate. Frank says sex offender is not who he is, it's what he did, 35 years ago. As a citizen of California, he is on the sex offenders register for life, and Frank discusses why he wants the law changed. But as he moves on to talk about the offence itself, it becomes a hard listen: he was charged with 'lewd and lascivious acts' with

a minor under 14 years old (Frank won't say exactly how old). Unlike Deep Stealth Mode, the interviewers leave some of their questions in, so we can be in no doubt that they challenge Frank's interpretation of the abuse, from which he seems to have distanced himself. It's thought-provoking stuff, and puts the listener in the position of those who work with sex offenders, and must – at some level – try to understand them.

Then there's Thank you, Princess. This is about neither loving nor abusive relationships, but commercial ones. Ceara Lynch paints a vivid picture of her life as a professional humiliatrix. There's no interpersonal sexual acts involved, as she works entirely on line or by phone. This includes the genius money-making scheme of running an expensive phone line which people call up, to be deliberately ignored. Listening in to one of her callers as she verbally humiliates him is truly instructive about the many aspects of human sexuality.

Other episodes defy categorisation. The most successful of the season is The Living Room, where Diane Weipert finds herself irresistibly drawn to spying on her new neighbours. And my favourite is Greetings from Coney Island, where Rachel Prince receives a Coney Island postcard, addressed to her, from a mysterious 'M' – and dated 15 January 1938. Love + Radio maintains a low output of approximately one podcast a month, but it always surprises and engages, and is well worth subscribing to.

I <http://loveandradio.org>  
Reviewed by Kate Johnstone who is Associate Editor for Reviews

## A thorough guide

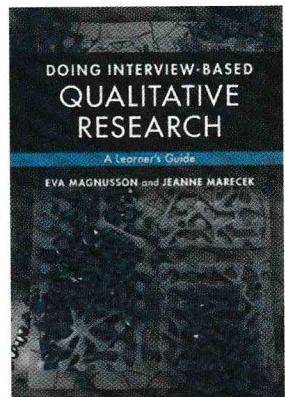


Doing Interview-based Qualitative Research: A Learners' Guide  
Eva Magnusson & Jeanne Marecek

This is a well-written, accessible introduction to qualitative research for students and those interested in conducting interview-based research projects. Starting with the theoretical framework and aiming to merge theory and practice, Magnusson and Marecek have created a step-by-step guide about the research process. It guides the reader from the original research idea, through the development of interview schedules and participant recruitment, to organising the final report, and ensuring a high-quality write up.

Branching into an unfamiliar research area can be daunting, but this is a compressive guide that allows reflection on previous interpretative and qualitative research. There are chapters providing examples of previous research, breaking down the steps and processes the researchers took and highlighting their findings, walking through composing the interview questions, and giving guidance to help select the best data excerpts that display your findings and arguments.

A highly useful part of the book is the authors' acknowledgement of the range of questions and problems that can arise during the research process: from quiet participants to emotional distress, to the nerves and anxieties that running an interview for the first time can bring with it. The analytical frameworks are well explained, and the guide to writing up projects is concise, breaking down the report section by section and exploring the language and categorisation that is important when considering qualitative research findings. Overall, this book seems like a very useful text for students and supervisors to work through together, and provides a thorough guide to qualitative research.



I Cambridge University Press; 2015; Pb £24.99  
Reviewed by Amy Zile who is an MSc Clinical Psychological research student at Keele University



## Unconventionally conventional

Experimenter

Michael Almereyda (Director)

Whatever one's views on Stanley Milgram, his controversial experiments on 'obedience' to authority make for compelling – and troubling – dramatic material, as generations of psychology students introduced to them through Milgram's own 1965 film *Obedience* would no doubt testify. In Michael Almereyda's *Experimenter* – recently released on DVD after a limited UK cinema release in late 2015 – Milgram's life, and in particular the 'obedience' experiments, are the subject of an intriguing biopic starring Peter Sarsgaard. Ultimately, however, the film fails to satisfy, both as a treatment of the intellectual status of the experiments, and in purely dramatic terms.

Almereyda departs from standard filmic conventions in several ways, yet while these certainly pique the interest and give the film a distinctive visual feel, they also come across as rather forced at times. This is most apparent in the frequent breaking of the fourth wall, which often seems to be done more for expository than dramatic purposes, with Sarsgaard addressing the audience directly to explain some aspect of Milgram's work or personal life. Other devices, such as the deliberately artificial appearance of some backgrounds and sets, a literal elephant in the room, and a preposterously fake beard, are certainly striking but ultimately are merely curios that, rather than leading the viewer to a deeper immersion in Milgram's world, serve only as reminders that you are watching a very clever film indeed. Had these techniques been used more sparingly, the effect could have been quite different, but as it is all feels rather unsatisfactory.

The strongest segment of the film is one in which Milgram's growing fame (and indeed notoriety) in the 1970s leads him to the set of a TV movie inspired by his work. Kellan Lutz steals the scene with his portrayal of William Shatner, who played the Milgram-like experimenter in the TV movie, and as Sarsgaard's Milgram leaves he gives a knowing aside to the audience: 'There are times when your life resembles a bad movie, but nothing prepares you if your life actually becomes a bad movie.' This is the first time in the film that this device seems to serve a purpose over and above the explanation of things that have happened off-screen.

In intellectual terms the film disappoints because it offers an almost entirely conventional treatment of Milgram's work. The story of overwhelming obedience in the face of authority is reproduced uncritically. Commenting on the performance of one participant, Milgram states 'He went all the

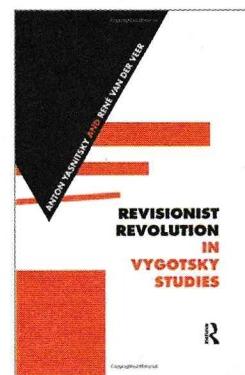
way, most of them do', which recycles the standard account of the experiments that neglects the many versions of the experiment in which most participants resisted. Indeed, the general drift in recent years has been towards a perspective that questions whether Milgram was even studying obedience at all (see Gibson, 2015, for a summary). Similarly, the film promotes the ability of the experiments to shed light on the Holocaust through a conventional gloss on Adolf Eichmann and the 'banality of evil' thesis that bears little relation to the current state of scholarly opinion on either the Holocaust itself, Eichmann in particular or the place of Milgram's work in Holocaust studies (Haslam & Reicher, 2007). As it is, the film contents itself with highlighting the ethical problems of the experiments, which despite Nicholson's (2011) argument that too many recent commentators have glossed over the ethical critique, still arguably represents the best-known challenge to Milgram in the standard story of the experiments.

It would be naive to expect a big-budget Hollywood film to address itself to these nuances, but this is a more independently spirited production, and so the highly conventional narrative is perhaps surprising. And it is here that the creative and the intellectual problems combine in what is arguably the film's biggest weakness: in allowing only Milgram to address the audience directly, the character of Milgram controls the narrative. In sticking so closely to Milgram's own account of his work, the authorial Milgram again remains in control. At a time when this account is being challenged more fervently than ever before (e.g. Brannigan et al., 2015; Perry, 2012), this is something of a disappointment.

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I Reviewed by Stephen Gibson who is at York St John University



## Forensic analysis of a scientific life



Revisionist Revolution in

Vygotsky Studies

Anton Yasnitsky & René Van der Veer

Lev Vygotsky, the Russian developmental psychologist, is a towering figure in contemporary psychology, but one whose reputation has accrued a number of myths with the passing of time. This meticulously researched volume critically scrutinises Vygotsky's life and work and presents a more accurate, but also a messier, story than the standard one.

The authors lay out the extraordinary culture of state censorship within which science operated in the early years of the Soviet Union. Entire fields of study could be eradicated overnight, and those that remained were subject to multiple levels of politically motivated interference. Papers would have passages, citations and quotations removed or added, so that it is not always clear who wrote what, or what they really thought.

The authors are also strong on highlighting the many problems with translation and publication. Some of Vygotsky's major works are only partly (and, they propose inaccurately) translated into English. Others are heavily edited sections from different sources compiled long after his death by his colleagues and students (his Zone of Proximal Development concept appeared only posthumously).

Other chapters, despite being admirable works of scholarship, are less interesting. A whole chapter on people in Vygotsky's circle, for instance, and a chapter detailing decontextualised snippets from among thousands of loose notes he left behind were both hard-going.

Ultimately, this book does a lot of stripping back, but little in the way of building back up, and left me feeling I knew Vygotsky a lot more, but understood him a lot less.

I Routledge; 2016; Hb £95.00

Reviewed by Dr Mark Oliver who is with the Northumberland, Tyne & Wear NHS Foundation Trust



## We can lose your memories wholesale

Elegy

Nick Payne (Director)

If you were suffering from a terrible neurodegenerative disease that could be cured by removing carefully chosen sections of the brain and replacing them with a prosthesis, would you want the surgery to go ahead? What about if this was happening to a person you loved? What if the 'cure' meant losing all memories from the last 20 years?

This is the dilemma facing married couple Carrie (Barbara Flynn) and Lorna (Zoë Wanamaker) in Nick Payne's new play, *Elegy*, which opened at the Donmar in London on 27 April. Set in a near future where the brain has been fully mapped and can be rebuilt and modified, this compelling drama explores some profoundly important philosophical, ethical and moral questions. The set is simple and effective, the music perfectly chosen, and the acting brilliant.

Payne's close collaboration with neuroscientists was strikingly evident in some places, with the doctor (Nina Sosanya) reeling off sentences that were packed with accurate terminology and believable mechanisms. In fact, such was the enthusiasm and speed with which these lines were delivered, that at times it felt a little contrived and unnatural. And while the effects of amnesia rang true in many ways and were very movingly portrayed by Wanamaker, the compartmentalised nature of the memory loss and apparent lack of

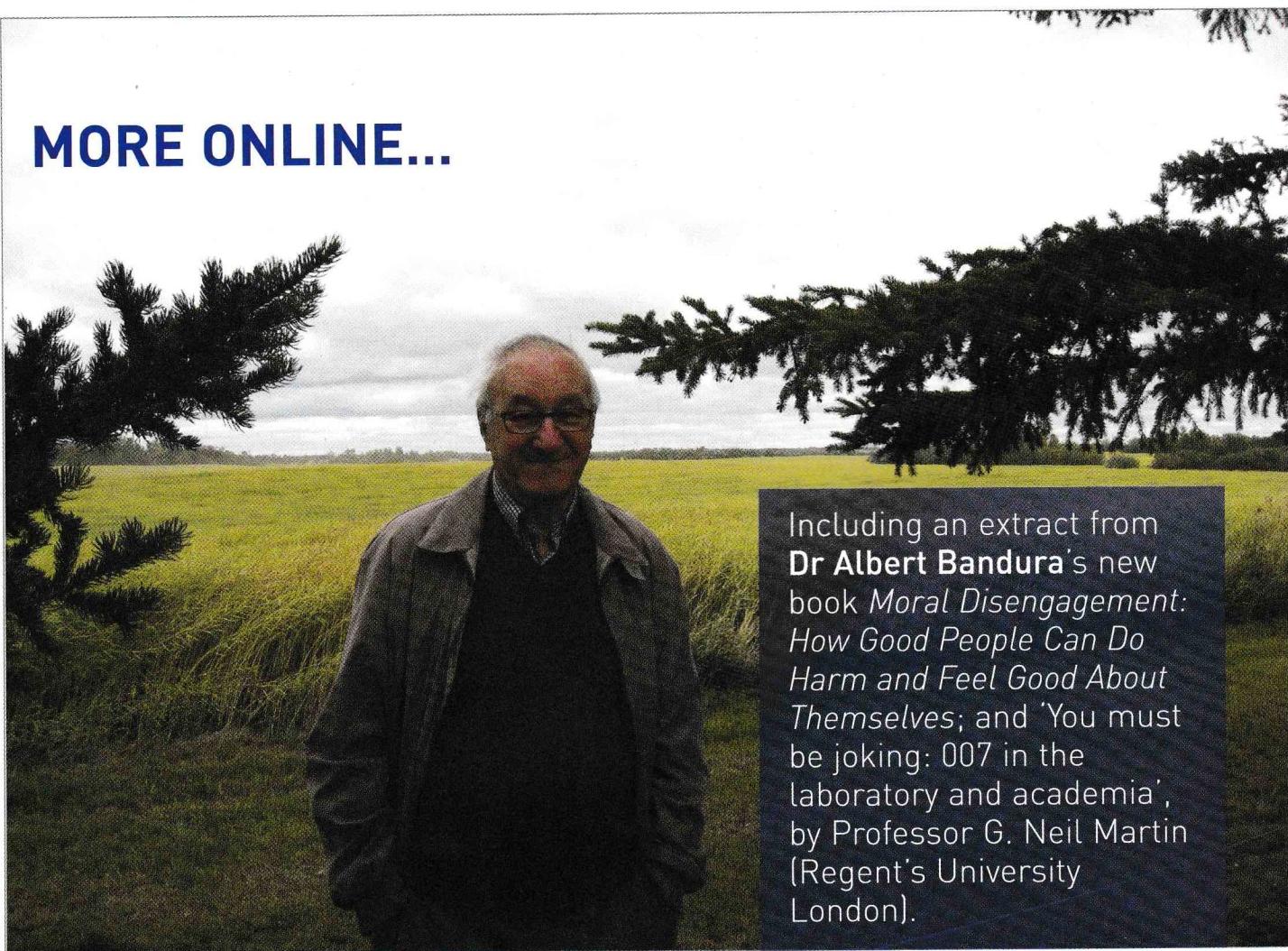
implicit memory was not entirely consistent with current neurobiological understanding. Nevertheless, Flynn's response to the changes in her wife was heartbreakingly real and a very true reflection of what is commonly seen in traumatic brain injury and memory clinics.

Overall, although there were one or two elements that jarred with my clinical experience, I found the play gripping, thought-provoking and well informed. The controversy surrounding psychosurgery is not a new one, but with this glimpse towards the future, *Elegy* takes it to a new and potentially sinister level. The questions surrounding how and when we should intervene in the natural interplay between nature and nurture are ones that will become more and more prominent as the field of neuroscience continues to shed light on the links between brain and mind.

**I** *Elegy* is on at the Donmar until 18 June. [www.donmarwarehouse.com/whats-on/donmar-warehouse/on-now/2016/elegy](http://www.donmarwarehouse.com/whats-on/donmar-warehouse/on-now/2016/elegy)

Reviewed by Dr Catherine Loveday who is Principal Lecturer at the University of Westminster. She discussed the play with Claudia Hammond on a recent edition of BBC Radio 4's All in the Mind. [www.bbc.co.uk/programmes/b078z5mb](http://www.bbc.co.uk/programmes/b078z5mb)

## MORE ONLINE...



Including an extract from **Dr Albert Bandura**'s new book *Moral Disengagement: How Good People Can Do Harm and Feel Good About Themselves*; and 'You must be joking: 007 in the laboratory and academia', by Professor G. Neil Martin (Regent's University London).

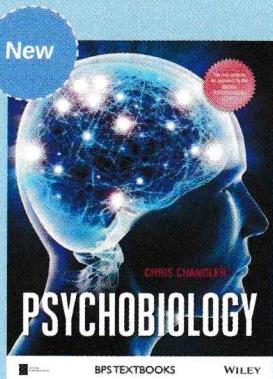
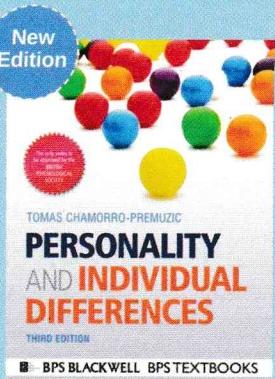
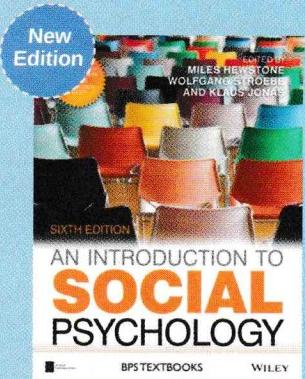
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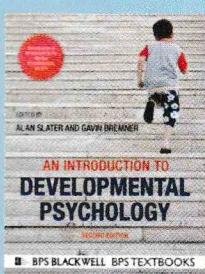
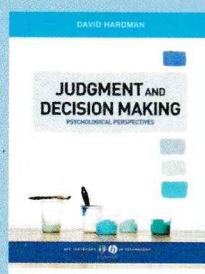
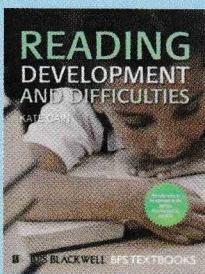
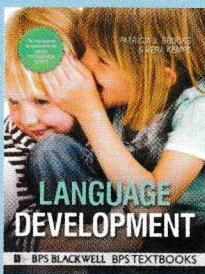
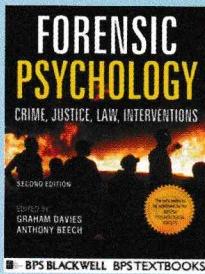
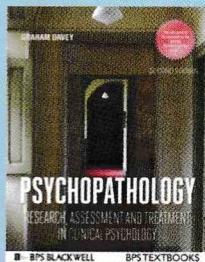
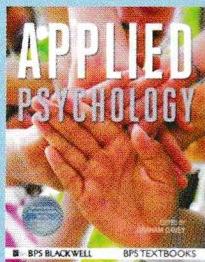
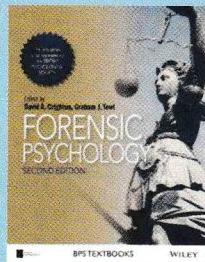
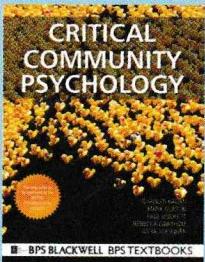
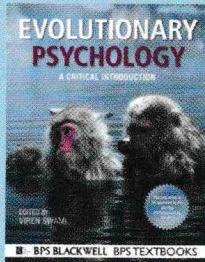
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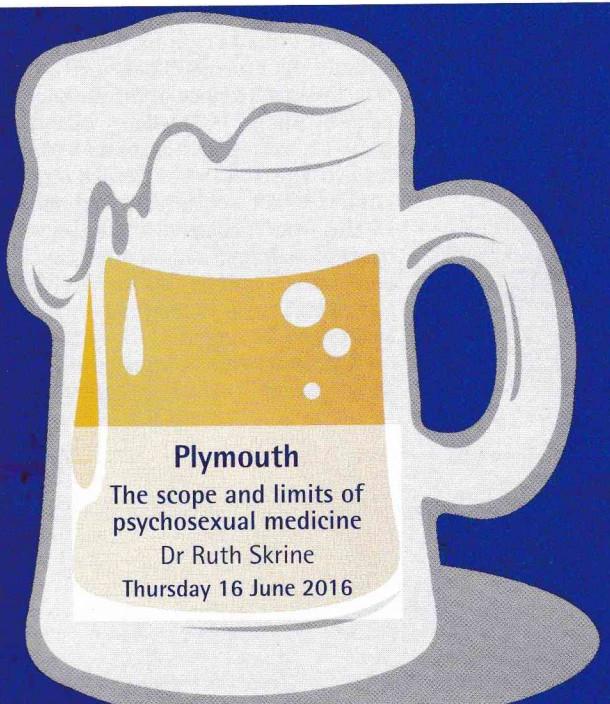
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# Air raids and the crowd – citizens at war

**Edgar Jones** explores how British people responded to air raids during the Second World War, and what this tells us about coping under extreme stress

The declaration of war in September 1939 exposed civilians in Britain not only to the prospect of an invasion but also to the threat of chemical weapons. Planners believed that Germany would conduct an intense aerial campaign, dropping not only incendiaries but also bombs filled with poison gas. In autumn 1938, 38 million gas masks were issued and Air Raid Precautions (ARP), a civil defence organisation established in 1924, trained people in their use; decontamination centres were set up and the emergency services taught first-aid for toxic exposure.

In the event, German raids focused on London and for eight months, from 7 September 1940 to 10 May 1941, the capital was bombed on a nightly basis. Then, having failed to invade the UK, Hitler turned his attention to the Soviets and a period of relative calm followed. Yet, in summer 1944, just when people thought that the war was as good as won, V1 and V2 rockets brought death and destruction back to London and the South East.

This article explores the impact of air raids on civilian morale (see also Jones et al., 2004) and

whether there are any lessons to be learned about people's capacity to cope in light of the current terrorist threat.

## Predictions of panic

In the build-up to war, military planners and healthcare professionals judged that the British people lacked the coping skills to resist a determined bombing campaign. In a best-selling study, Wilfred Trotter, professor of surgery at University College Hospital, argued that the instinct of 'gregariousness', which drew people

together in time of crisis, would not provide sufficient protection in time of total war. Without the formal bonding and discipline found in hierarchical groups, such as the armed forces, he predicted that civilians exposed to prolonged danger would collapse into an 'undisciplined civil mob' with a propensity to 'panic' (Trotter, 1919, pp.150–151). Trotter drew on the ideas of the French anthropologist, Gustave Le Bon, who had argued that individuals absorbed within an heterogeneous crowd became impulsive and irritable, losing the capacity to exercise judgment (Le Bon, 1897, p.35).

Observations of how Londoners behaved when subjected to air raids during the First World War appeared to confirm Trotter's belief in the inherent weakness of heterogeneous groups. In the context of a high-casualty war, Zeppelin airships and Gotha bombers killed relatively few UK civilians (1239 in total). Yet, between 100,000 to 300,000 Londoners took shelter in Underground stations, whilst a further 500,000 were thought to have sought refuge in basements and cellars. This behaviour was interpreted by the Committee of Imperial Defence (CID) as evidence of lack of resolve. The CID, which in 1937 estimated that a 60-day aerial bombardment would kill 600,000 and wound 1.2 million, believed that the psychological impact would be 'out of all proportion greater' than the physical effects, fearing 'a disorderly general flight' from the capital (Titmuss, 1950, p.18). As a result, the primary aim of ARP services was 'the maintenance of the morale of the people' (Anon., 1937). Plans were laid for some 17,000 regular troops and 20,000 reserve constables to be drafted into London to control the expected mass exodus from the capital and to prevent panic at mainline stations. Despite these pessimistic forecasts, Trotter had offered a crumb of hope: homogeneity could be fostered by finding roles for civilians and by reducing inequality created by 'the social system of class segregation' (Trotter,



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1919, pp.155–156).

The pessimistic forecast of the CID proved wildly inaccurate as a total of 146,777 civilians were killed or seriously injured in the UK during the Second World War. Of these, 80,397 (54.8 per cent) were in the London region (O'Brien, 1955). Historians are divided about the impact of this mortality on morale. Not surprisingly, the official historians, O'Brien and Titmuss, argued there was no panic and that the health of the nation actually improved during wartime. Dissenters from this position include Angus Calder (1991, p.109), who argued that Britain in 1940 provided 'ample evidence, familiar and unfamiliar, to indicate widespread fear and paranoia bordering on panic'. Clive Ponting (1990) maintained that the 'Blitz spirit' owed more to government propaganda and a censored media than to reality.

What evidence, then, survives from the period to inform us about the people's morale? At first, the government relied on anecdotal reports from officials and surveys commissioned from Mass-Observation. However by autumn 1941 the Ministry of Home Security had directed its Research and Experiments Department to investigate the impact of air raids on morale and productive output, using a range of measures from absenteeism and sickness from work, destruction of houses, content analysis of newspaper reports and population surveys (Overy, 2014).

## Chemical weapons

Because of the real threat of chemical weapons, the government commissioned population surveys to assess the percentage of people carrying their respirator as an indicator of readiness. On the outbreak of war, it was estimated that 75 per cent of people took their gas mask with them but the absence of air raids saw the proportion fall to 5 per cent by spring 1940. Defeat in France and the Dunkirk evacuation witnessed a temporary rise to 30 per cent, but by

the time the Blitz hit London the Home Office reported 'there is no evidence that a large proportion of people anywhere now carry their gas masks' (Anon., 1940, p.2). Intelligence officers at the Home Office interpreted a low level of mask carrying in Liverpool in January 1941 as an indicator of high morale and civilian confidence. However, the final phase of the Blitz, when U-boats were sinking record tonnages of Allied shipping and German forces advanced through the Balkans, saw the carrying of masks in London again become a common sight (Calder, 1969).

Evidence from the First World War suggested that soldiers who had been trained in anti-gas measures and habituated to the threat in the front line coped well during gas attacks. Civilians in the Second World War were never tested, but evidence from Japan (where in March 1995 the Aum Shrinriko cult released sarin into the Tokyo subway) and Israel (where during the first Gulf War some misinterpreted the detonations of Scud missiles as chemical weapons) suggests that bombs filled with mustard gas or anthrax would have eroded morale.

## Psychosomatic illness

In April 1941 Tom Harrisson, one of the founders of Mass-Observation, created a controversy by writing to the *BMJ* to suggest that doctors had missed an epidemic of hidden illness caused by the psychological effects of air raids. Traumatised civilians, he argued, simply went to bed and stayed there as stigma deterred them from going to see their family doctor. Although a number of psychiatrists denied his claim, anecdotal evidence suggested a significant increase in psychosomatic disorders. Felix Brown, a psychiatric registrar at Guy's, observed an increase in cases characterised by medically unexplained symptoms in patients with no history of mental illness (Brown, 1941, p.687). In August 1940, after a series of raids on Bristol, D. Molesworth, an official in the intelligence branch of the Ministry of Home Security, interviewed a panel doctor based in Filton, a northern suburb of the port, who reported an increased incidence of indigestion cases, and estimated at least 15 per cent absenteeism from work after severe bombing (Molesworth, 1940; see also Jones, 2012). Edward Glover, a London psychoanalyst, argued that civilians suffering from the trauma of air raids tended to express their distress as bodily sensations and were either treated as cases of apparent organic illness or suffered without referral (Glover, 1942).

To convince the US government that Britain had not lost its resolve in the face of German air raids, Aubrey Lewis (1942) was asked to provide a report on 'the incidence of neurosis'. Based on GP records, admissions to casualty and mental health units, he found no significant increase in psychiatric morbidity and concluded that most of those who broke down after bombing had a history of vulnerability to stress. If the surveys conducted by the UK government were accurate and there was no evidence of a collapse in morale or a significant rise in psychological casualties, why did the 60,595 civilian deaths appear to have so little impact? The crude explanation is that the mortality rate remained relatively low given the size of the urban population and the length of the conflict. In London, the 29,890 deaths represented 0.3 per cent of the capital's population. The highest rates were in Plymouth and Coventry, where in both towns 0.5 per cent of residents were killed (Anon., 1948).

However a number of psychiatrists argued that the health effects of the conflict might not be revealed until the return of peace. Aubrey Lewis (1943, p.27) warned that the full effect of 'war-related stress' might be delayed and that 'the evil harvest may be reaped afterwards'. The 'stiff-upper-lip' culture and a desire not to appear defeatist may indeed have deterred people from reporting traumatic illness. A national survey of mental health services conducted in 1943 by Dr C.P. Blacker found that many directors of psychiatric clinics believed that 'latent neurosis' existed in the civilian population. Whether this developed into overt psychological or psychosomatic disorder after the war was dependent on 'the social and economic conditions... and the moral atmosphere which prevailed' (Blacker, 1946, p.175). The availability of employment and positive attitudes towards work were considered important mediators in helping people to manage the long-term effects of air raids.

In a sense, the narrative of the Blitz and modern terrorist attacks such as the London bombings of 7 July 2005 are similar in content, focusing on resilience and compassion exhibited by civilians and members of the emergency services. Although very different cultures mediate the expression of distress, we can perhaps conclude from the Second World War that people are more resourceful than planners predict, and that the heterogeneous crowd can be both adaptable and supportive.

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... with Victoria Simms

## 'I pull on my trainers and go for a run'

### **One important moment**

I wasn't feeling very excited about going to university after I finished school. I took a gap year to work in an orphanage in Kwa-Zulu Natal, South Africa. The deprivation that I witnessed was startling. I will never forget a conversation I had with a girl who was only a little younger than me: I asked her what she wanted to do when she was older and she looked me in the eyes and said she wanted to go to university. The likelihood of this happening for her was very slim. I realised I was incredibly lucky to be in this position... I threw myself into my studies and when times were stressful I remembered that conversation in the South African countryside.

### **One place to go**

I grew up in a town by the sea in Northern Ireland, Carrickfergus. When I lived in the Midlands I couldn't work out why I sometimes felt so claustrophobic – I realised

I was desperately missing something that I had seen every day of my life, the sea! My favourite spot along our coastline is the village of Cushendall, nestled in the Glens of Antrim with the dramatic Lurig Mountain towering above it and views of the ocean from it.

### **One activity to de-stress**

Whenever I feel like I can't focus or I'm stressed I pull on my trainers and go for a run, no matter what the weather! Running is a complete release. Sometimes I have great ideas whilst I'm running, but mainly I am totally distracted by my surroundings. I've done lots of races, from 5Ks to marathons (and even an accidental ultra, a very long story) but what I love the most is leaving my front door and going on an adventure. I am also now addicted to reading *Like the Wind*, a beautiful quarterly magazine that focuses on why people run rather than how.

### **One book**

I've just finished reading *The Sculptor's Daughter* by Tove Jansson (author of the *Moomins*). Tove reflects on her magical childhood in Finland with her artist parents. As a developmental psychologist, I found the book particularly

interesting as it is written from the perspective of her six-year-old self. It's a really intriguing, insightful book.

### **One word of advice to early-career researchers**

Collaborate with people who you enjoy working with. If you can have both tough theoretical discussions and great chats over a glass of wine, it makes working relationships straightforward, productive and fun!

### **One amazing live act**

Go Go Penguin. They are a three-piece electronica/jazz band from Manchester. They are the tightest group I have ever heard play, they went from beautiful emotive tunes to deep, driving, near drum-and-bass beats.

### **One activity that keeps me inspired**

I help run my local Science Café. I love being involved in public engagement, especially in this informal format. We've had fantastic talks ranging from endurance sport to the science of baking. Seeing how great scientists

communicate with the public has motivated me to be creative in the ways that I disseminate my research findings.

### **One thing I want to do better**

Carrying out cognitive psychology research that is related to children's learning obviously has clear implications for education. I've consciously been seeking out great researchers and practitioners to work with outside of psychology as I want to improve the reach of my research. I am constantly amazed by the amount of pseudoscience that targets teachers, and I feel strongly that we need to counteract this. As a discipline we have a lot to communicate, it's finding the right communication tools and

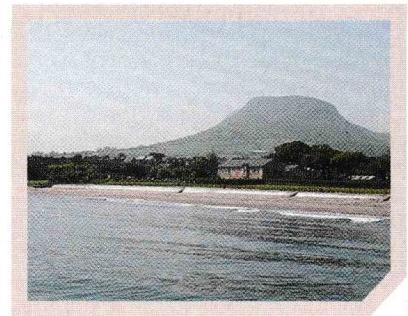
networks that will help get the message out there!

### **One great thing about social media**

I joined Twitter last year (@drvicsimms). It has been a fantastic way to start conversations with the public and other academics. The world is small when you use social media, and there are amazing advantages to this. In fact, this 'One on one' came about through a Twitter chat!

### **One person to be proud of**

My little sister, Charlie Elliott, began a degree that she really didn't enjoy. She had the guts to change course after the first year to midwifery. Our NHS staff work incredibly hard in difficult circumstances and often we forget how it impacts



on them as real people. To see Charlie glow when she talks about her job is really satisfying. I just hope that as a lecturer I can give my own students solid advice, just like my sister was given when she was on a course that was leading her on the wrong career path.

### **One fantastic gallery**

The Science Gallery in Dublin is a great space. Students from Trinity College Dublin are the tour guides and their passion is infectious. The most recent exhibition I saw was on trauma. There was an 'Oculus Rift' that took you to the streets of Syria, a piano that let you experience the deafening noise of tinnitus, and self-portraits by an individual who had dementia, displaying their own cognitive decline.



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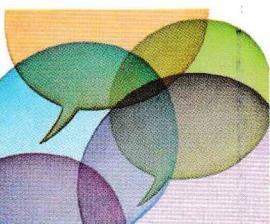
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